

**Tax Invoice**



**PINE PHARMA (P) LTD**  
 D-91/2 OKHLA INDUSTRIAL AREA  
 PHASE-1, NEW DELHI -110020  
 Ph: 011-26610112, 26610114  
 Fax: 011-41611894  
 D.L.No RMD/DCD/NO-2099/1152 Dt: 02/07/2024  
 Mfg. D.L.: MFG/MD/2024/000276  
 PAN No: AAACP1693F  
 GSTIN/UIN: 07AAACP1693F1Z1  
 State Name: Delhi, Code: 07  
 E-Mail: pinepharma@hotmail.com

**Consignee (Ship to)**  
**DCDC Health Services Pvt Ltd.**  
 DCDC Kidney Care-Moti Nagar, H-1, Kailash  
 Park, Near Moti Nagar Metro Station, Pillar  
 No- 330, New Delhi-110015, Mo: 8368219908  
 State Name : Delhi, Code : 07

**Buyer (Bill to)**  
**DCDC Health Services Pvt Ltd.**  
 C-185, Mayapuri Industrial Area phase- 2,  
 Mayapuri, New Delhi-110064, CIN No. - U85190DL2014PTC265804  
 State Name : Delhi, Code : 07  
 Place of Supply: Delhi

Invoice No. <b>1220/2024-25</b>	Dated <b>15-Nov-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date. <b>1220/2024-25 dt. 15-Nov-24</b>	Other References
Buyer's Order No. <b>100-102024-27796</b>	Dated <b>4-Oct-24</b>
Dispatch Doc No.	Delivery Note Date
E-Way Bill No: <b>7614 7708 6398</b>	
Dispatched through	Destination <b>Moti Nagar</b>
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Alt. Quantity		Quantity		Rate	per	Disc. %	Amount
			Shipped	Billed	Shipped	Billed				
1	<b>Dry -Citrate 50 Lit Mix Part (A +B) With Dextrose</b> For Haemodialysis (1 Pkt PartA+2 Pkt PartB) Part A Batch No: DCD-2418 Mfg&Exp: 11/24-2 Yr Part B Batch No: DCP-2408 Mfg&Exp: 11/24-2 Yr Dextrose PK10BoxX10 PktBatch No: DX-2408 11/24-2Y 50 Box + 50 Box +10 Box	30049099	50 Box	50 Box	100 Pkt	100 Pkt	875.00	Pkt		87,500.00
2	<b>Dry -Citrate HD Solution Part A+B 10 Lit Mix</b> Potassium Free 10 Lit Mix Batch No: DCD-2417 Mfg & Exp: 10/24-2Yr 2 Box Part A+ 2 Box Part -B	30049099			20 Pkt	20 Pkt	175.00	Pkt		3,500.00
	<b>CGST @12%</b>						6 %			91,000.00
	<b>SGST @12%</b>						6 %			5,460.00
										5,460.00
	<b>Total</b>		<b>50 Box</b>	<b>50 Box</b>	<b>120 Pkt</b>	<b>120 Pkt</b>				<b>₹ 1,01,920.00</b>

Stock/No. of Boxes Received ..... 114 Box  
 Subject to Physical Check  
 Name/Employee Code ..... NIIN OBEROI  
 Centre Name ..... MOTI NAGAR  
 Date/Time ..... 15/11/24  
 Signature ..... NIIN OBEROI M. No. 9711866479

Amount Chargeable (in words)  
**Indian Rupees One Lakh One Thousand Nine Hundred Twenty Only**

**Company's Bank Details**  
 A/c Holder's Name : **PINE PHARMA (P) LTD**  
 Bank Name : **IDFC FIRST BANK**  
 A/c No. : **10043262598**  
 Branch & IFS Code : **OKHLA NEW DELHI & IDFB0020107**  
 SWIFT Code :

**Declaration**  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Customer's Seal and Signature

