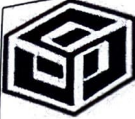


Tax Invoice



PINE PHARMA (P) LTD
 D-91/2 OKHLA INDUSTRIAL AREA
 PHASE-1, NEW DELHI -110020
 Ph: 011-26810112, 26810114
 Fax: 011-41611894
 D.L.No.RMD/DCDMO-2099/1152 Dt: 02/07/2024
 Mfg. D.L. : MFG/MD/2024/000278
 PAN No: AAACP1693F
 GSTIN/UIN: 07AAACP1693F1Z1
 State Name : Delhi, Code : 07
 E-Mail : pinepharma@hotmail.com

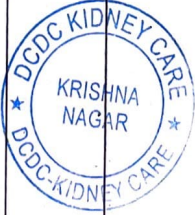
Invoice No. 1132/2024-25	Dated 29-Oct-24
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date. 1132/2024-25 dt. 29-Oct-24	Other References
Buyer's Order No. 204-102024-27824	Dated 4-Oct-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination Krishna Nagar
Terms of Delivery	

Consignee (Ship to)
DCDC Health Services Pvt Ltd.
 DCDC Kidney Care Krishna Nagar, 451-452
 First Floor, Main Road, Jeel Kurenja,
 Opposite Taneja Diary, New Delhi -110051, Mo: 8130012791
 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

Sl No.	Description of Goods	HSN/SAC	Alt. Quantity		Quantity		Rate	per	Disc. %	Amount
			Shipped	Billed	Shipped	Billed				
1	Dry -Citrate 50 Lit Mix Part (A +B) With Dextrose For Haemodialysis (1 Pkt PartA+2 Pkt PartB) Part A Batch No: DCD -2415 Mfg&Exp: 10/24-2 Yr Part B Batch No: DCP -2407 Mfg&Exp: 10/24-2 Yr Dextrose Pk10BoxX10 PktBatch No: DX-2407 10/24-2Y 50 Box + 50 Box +10 Box	30049099	50 Box	50 Box	100 Pkt	100 Pkt	875.00	Pkt		87,500.00
	CGST @12%							6 %		5,250.00
	SGST @12%							6 %		5,250.00
	Total		50 Box	50 Box	100 Pkt	100 Pkt				₹ 98,000.00

Stock/No. of Boxes Received 50 boxes
 Subject to Physical Check
 Name/Employer Krishna Nagar
 Centre Name Krishna Nagar
 Date/Time 29/10/24
 Signature [Signature] M. No. 8130012791



Amount Chargeable (in words) **Indian Rupees Ninety Eight Thousand Only** E. & O.E

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

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 :

Customer's Seal and Signature _____ for **PINE PHARMA (P) LTD**

SUBJECT TO DELHI JURISDICTION
 This is a Computer Generated Invoice

