

Tax Invoice



FINE PHARMA (P) LTD
 D-91/2 OKHLA INDUSTRIAL AREA
 PHASE-1, NEW DELHI -110020
 Ph:011-26810112,26810114
 Fax :011-41611894
 D.L.No.DL-TGB-124699(208) DL-TGB-124700(21B)
 Mfg. D.L. 1303
 PAN No: AAACP1693F
 GSTIN/UIN: 07AAACP1693F1Z1
 State Name : Delhi, Code : 07
 E-Mail : pinepharma@hotmail.com

Consignee (Ship to)

DCDC Health Services Pvt Ltd.
 Civil Hospital Bahadurgarh, DCDC Kidney
 Care, Civil Hospital, Madhya Marg, Old
 Industrial Area, Bahadurgarh, Mo: 8506006622
 State Name : Haryana, Code : 06

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. 386/2024-25	Dated 14-Jun-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date. 386/2024-25 dt. 14-Jun-24	Other References
Buyer's Order No. 46-062024-26316	Dated 4-Jun-24
Dispatch Doc No.	Delivery Note Date
E-Way Bill No: 7714 3576 8077	
Dispatched through	Destination Civil Bahadurgarh
Bill of Lading/LR-RR No.	Motor Vehicle No. DL1LAE1987
Terms of Delivery 55 Box	

SI 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-2407 Mfg&Exp: 06/24- 2 Yr Part B Batch No: DCP-2402 Mfg&Exp: 05/24 2 Yr Dextrose PK05BoxX10 PktBatch No: DX-2402 06/24-2Y 25 Box + 25 Box +05 Box CGST @12% SGST @12%	30049099	25 Box	25 Box	50 Pkt	50 Pkt	875.00	Pkt		43,750.00
								6 %		2,625.00
								6 %		2,625.00
Total			25 Box	25 Box	50 Pkt	50 Pkt				₹ 49,000.00

Stock/No. of Boxes Received 25 Box
 Subject to Physical Check
 Name/Employee Code DC00504
 Centre Name Civil Hospital
 Date/Time 18/6/24 3:30 PM
 Signature Madhu M. No. 8506006622



Amount Chargeable (in words) **Indian Rupees Forty Nine 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
 Authorised Signatory

