

MFG. DRUG L. NO.: 1611 M. DT. 28.1.2010
 GSTIN / UIN : 19AAACI7241L1ZB

Phone : 033-24978202
 Mobile : 8017598693



DELIVERY CHALLAN

INDIA BIO-MEDICAL PRIVATE LIMITED

1, RAMKRISHNA SOORKI MILL
 VILL. PAILAN, D.H.ROAD, P.S. BISHNUPUR, 24 PARGANAS (S)- 700104
 REGD. OFFICE :146, MAHATMA GANDHI ROAD, KOLKATA-700 007
 H.O. :740/741 Lake Town, Block - A, Ground Floor, Kolkata - 700 089

To, DCDC HSPL CENTRE Delivery Challan No. F/P... 0262 Date... 14.7.2023
 M/s RUBY GENERAL HOSPITAL Order No. Date.....
Golpark B.M. By - Am Mode of Despatch.....
KOLKATA 700107 Party D.L. No

Please receive the acknowledge the receipt of the following :

Sr. No.	PARTICULARS	Batch No. Mfg. & Exp. Dt.	Quantity CAN / Pckt.	Unit Price ₹
✓ 1.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Non-Sterile Bicarbonate Part I with 2 Pkt. Bicarbonate Part II	<u>BC9447</u>	<u>35 Jm</u>	
2.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Non-Sterile Low Potassium Free Part I with 2 Pkt. Bicarbonate Part II			
3.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Non-Sterile Low Calcium Part I with 2 Pkt. Bicarbonate Part II			
✓ 4.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Dextrose Non-Sterile Part I with 2 Pkt. Bicarbonate Part II	<u>BCD9448</u>	<u>65 Jm</u>	
5.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Calcium Free Part I with 2 Pkt. Bicarbonate Part II	<u>cont.</u>	<u>100 Jm</u>	
6.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Non-Sterile Low Potassium Part I with 2 Pkt. Bicarbonate Part II	<u>End: June 2025</u>		
7.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Non-Sterile Acetate			
8.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Non-Sterile (M)			
✓ 9.	Bicarbonate Packet Part II		<u>120/5</u>	

If any difference is found in quantity, quality, price etc. the same should be notified in writing within 7 days of the receipt of the goods otherwise the same will be considered as accepted in every respect

For INDIA BIO-MEDICAL PRIVATE LIMITED

Stock/No. of Boxes Received 100 Jm 12 Box (B)
 Subject to Physical Check
 Name/Employee Code Subhojit Das, DCO
 Centre Name Ruby General Hospital
Receiver's Signature
 Date/Time 15/07/23, 12 P
 Signature (With Rubber Stamp)

TAX INVOICE

Original Buyer's Copy

INDIA BIO-MEDICAL PRIVATE LIMITED
 Office : 740 & 741, Lake Town, Block - A, Kolkata - 700 089
 Add. Office : 146, M. G. Road, Kolkata - 700 007
 Factory : 1 No, Ramkrishna Soorki Mill
 Vill : Pailan, P.S. : Bishnupur, D.H. Road, 24 PGS (South)-700104
 Ph. : Office : 033 - 40630559 / 25349388 Factory : 033 - 24978202
 E-mail : sanjiv.ibmpvtltd@gmail.com

GSTIN/UIN : 19AAACI7241L1ZB

Invoice / Bill No. <i>F 0262/22-23</i>	Dated <i>14.7.2023</i>
Delivery Note	
Supplier's Ref.	Other Reference (s)
Buyer's Order No.	Dated
Despatch Document No.	Dated
Despatch through <i>WB19L1285</i>	Destination

Buyer *DEDE HSPL CENTRE*
CO: RUBY GENERAL HOSPITAL
Solpark E.M. Bydoo
Kolkata: 700107

Sl No.	Description of Goods	HSN CODE	Quantity	Rate ₹	Per	Amount ₹
1	<i>NS-CONC. HOS 80.104 Jm</i> <i>Normal</i> <i>Qty: @c 9447 (Part A) 9099</i>		<i>35 Jm</i>	<i>23500</i>	<i>Jm</i>	<i>8225.00</i>
2	<i>Qty: BCD 9448</i> <i>21-ordered - finished</i> <i>(Part B)</i> <i>[Bk. June 2023]</i>		<i>65 Jm</i>	<i>26500</i>	<i>Jm</i>	<i>17,225.00</i>
						<i>1527.00</i>
						<i>1527.00</i>
TOTAL						28504.00

Amount Chargeable (In Words) <i>INR Twenty Eight Thousand Five Hundred Rupees</i>	SGST		CGST		IGST	
	Rate ₹	Amount ₹	Rate ₹	Amount ₹	Rate ₹	Amount ₹
HSN CODE <i>30749099</i>	<i>6%</i>	<i>1527.00</i>	<i>6%</i>	<i>1527.00</i>		
TOTAL AMOUNT AFTER TAX		28504.00				

Declaration
 (Manufacturing Licence - DL No.: 1611M)
 DLNo. 9572 SW, 9396 SBW
 We declare that this Invoice Shows the actual price of the goods described & that all particulars are true.
 Internet will be charge @ 24% PA after 30 days
 The entire responsibility for any breakage and short age in transit lie with the buyer.
 Goods once sold shall not be accepted back.

E.&O.E.
 Stock/No. of Boxes Received *100 Jm, 12 Jm*
 Subject to Physical Check
 Name/Employee Code *Sujoy DCO895*
 Centre Name *Ruby General Hospital*
 Date/Time *15/07/23, 12 Pm*
 Signature *Sujoy*

Customer's Seal & Signature

For **INDIA BIO-MEDICAL PRIVATE LIMITED.**

Sujoy

Authorised Signatory