

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

25875

To, DCDC HSPL CENTRE Delivery Challan No. F/P. 0072 Date 19.4.24  
 W/s GO. RUBY GENERAL Order No. .... Date ....  
HOSPITAL 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	BC052 BC053	50 Jm 25 Jm	
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	BCD 047	55 Jm	
5.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Calcium Free Part I with 2 Pkt. Bicarbonate Part II			
6.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Non-Sterile Low Potassium Part I with 2 Pkt. Bicarbonate Part II		130 Jm	
7.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Non-Sterile Acetate	Ex: Nov 2026		
8.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Non-Sterile (M)			
9.	Bicarbonate Packet Part II		130 Pcs	

Stock/No. of Boxes Received 130 Pcs  
 Subject to Physical Check 130 Pcs  
 Name/Employee Code Somen Das  
 Centre Name P.G.H.  
 Date/Time 19.4.24 - 7:00 PM  
 Signature SPAS M. No. ....

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

Receiver's Signature  
 (With Rubber Stamp)

For INDIA BIO-MEDICAL PRIVATE LIMITED

*SPAS*

**TAX INVOICE**

Original Buyer's Copy

**BIO-MEDICAL PRIVATE LIMITED**  
 Office : 740 & 741, Lake Town, Block - A, Kolkata - 700 089  
 Office : 146, M. G. Road, Kolkata - 700 007  
 Office : 1 No, Ramkrishna Soorki Mill  
 Office : Bishnupur, D.H. Road, 24 PGS (South)-700104  
 Office : 033 - 40630559 / 25349388 Factory : 033 - 24978202  
 Email : sanjiv.libmpvtltd@gmail.com

**GSTIN/UIN : 19AAACI7241L1ZB**

Invoice / Bill No. <b>F0072/2425</b>	Dated <b>19-4-24</b>
Delivery Note	
Supplier's Ref.	Other Reference (s)
Buyer's Order No.	Dated
Despatch Document No.	Dated <b>25875</b>
Despatch through	Destination

**DGDC HSPL CENTRE**  
**40 RUBY GENERAL HOSPITAL**  
**Galpan EM. By-Pan**  
**Kolkata: 700107**

Description of Goods	HSN CODE	Quantity	Rate ₹	Per	Amount ₹
<b>N.S. Conc. HD SBO 1000 JON 3000</b> <b>Normal (Box)</b>	<b>9099</b>				
<b>Box BC052</b>		<b>50 JON</b>	<b>235.00</b>		<b>17625.00</b>
<b>BC053</b>		<b>25 JON</b>			
<b>Debit 1</b>					
<b>Box BC047</b>		<b>55 JON</b>	<b>265.00</b>		<b>14575.00</b>
<b>Bi-concrete powder (Box)</b>	<b>1305</b>		<b>SSS @ 6%</b>		<b>1932.00</b>
<b>[Box: Mar 2026]</b>			<b>CJS-C 6%</b>		<b>1932.00</b>
<b>TOTAL</b>					<b>36064.00</b>

Amount Chargable (In Words) **Intg Throy**  
**Six Thousand and Sixty four only.**

HSN CODE **30099099**

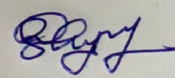
**TOTAL AMOUNT AFTER TAX**

SGST		CGST		IGST	
Rate ₹	Amount ₹	Rate ₹	Amount ₹	Rate ₹	Amount ₹
<b>6%</b>	<b>1932.00</b>	<b>6%</b>	<b>1932.00</b>		
	<b>36064.00</b>				

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

Stock/No. of Boxes Received **Somen 130 Pes**  
 Subject to Physical Check **E&O.E.**  
 Name/Employee Code **Somen Das**  
 Centre Name **B. H. T.**  
 Date/Time **19-4-24 - 7:00pm**  
 Signature **S. Das** M. No. ....

Customer's Seal & Signature

**For INDIA BIO-MEDICAL PRIVATE LIMITED**  
  
 Authorised Signatory