

MFG. Drug L. No. : 1611 M. Dt. 28.1.2010  
 GSTIN / UIN : 19AAACI7241L1ZB



Phone : 033-24978202  
 Mobile : 8240337879

## DELIVERY CHALLAN

# INDIA BIO-MEDICAL PRIVATE LTD.

1, RAMKRISHNA SURKI 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./IP..... 1601 Date..... 27.5.2023  
 M/s. Dr. RUBY GENERAL HOSPITAL Order No..... 0191 Date.....  
Golpara, P.M. B.Y. - 001 Mode of Despatch..... 11B/19L/1285  
KOL. 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	BC 9338	50 Jm	
2	Concentrated Haemodialysis Sol. B.P./Dry Powder Non-Sterile Potassium Free Part I with 2 Pkt. Bicarbonate Part II	BCPF9315	10 Jm	
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 III	BD9341 BD9343	80 Jm 10 Jm	
5	Concentrated Haemodialysis Sol. B.P./Dry Powder Non-Sterile Calcium free Part I with 2 Pkt. Bicarbonate Part II	Total	150 Jm	
6	Concentrated Haemodialysis Sol. B.P./Dry Powder Non-Sterile Low Potassium Part I with 2 Pkt. Biocarbonate Part II	[Ex: Apr 2025]		
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		10/5	

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 repeat.

For INDIA BIO-MEDICAL PRIVATE LIMITED

*[Signature]*

✓ Stock/No. of Boxes Received ..... 140  
 Subject to Physical Check  
 Name/Employee Code ..... DC02251  
 Centre Name RECEIVED Receiver's Signature .....  
 Date/Time ..... 27/5/23 (With Rubber Stamp)  
 Signature ..... M.M.M. M. No. .... 85080  
0556

**TAX INVOICE**

Original Buyer's Copy

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

Invoice / Bill No. **F0141/23-24** Dated **27.5.2023**

Delivery Note

Supplier's Ref. Other Reference (s)

**GSTIN/UIN : 19AAACI7241L1ZB**

Buyer **DCDC HSPAL CENTRE**  
**CO: RUBY GENERAL HOSPITAL**  
**Golpark, E.M. By - Ram**  
**Kolkata: 700107.**

Buyer's Order No. Dated

Despatch Document No. Dated

Despatch through **HB19L1285** Destination

SI No.	Description of Goods	HSN CODE	Quantity	Rate ₹	Per	Amount ₹
1	NS. CONC HDS. <u>BD. 104 Jm</u> <u>Normal</u> Sp: <u>BC 9338</u> (Part A) <u>Per box</u>	3004 9099	50 Jm	235.00	Jm	11,750.00
2	Sp: <u>BCD 9315</u> " <u>Dated</u>		10 Jm	235.00	Jm	2350.00
3	Sp: <u>BCD 9341</u> <u>BCD 9343</u> St- cross mat - pardo (Part B) <u>[Exp: Apr 2025]</u>	100%	80 Jm 10 Jm	265.00	Jm	23850.00
				5% @ 61.		2277.00
				CGST @ 61.		2277.00
<b>TOTAL</b>						<b>42,504.00</b>

Amount Chargable (In Words) <b>INR Forty Two Thousand Five Hundred Four only</b>	<b>SGST</b>		<b>CGST</b>		<b>IGST</b>	
	Rate ₹	Amount ₹	Rate ₹	Amount ₹	Rate ₹	Amount ₹
HSN CODE <b>30049099</b>	61	2277.00	61	2277.00	-	-
<b>TOTAL AMOUNT AFTER TAX</b>		<b>42,504.00</b>				

**Declaration**  
 (Manufacturing Licence - DL No.: 1611M)  
 (DLNo. 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.

Customer's Seal & Signature **Stock No. of Boxes Received ..... 140**  
 Subject to Physical Check  
 Name/Employee Code **DC02251**  
 Centre Name **Ruby**  
 Date/Time **27/5/2023 2:14:28 PM**  
 Signature **Mam** M. No. **82060 05556**

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