

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 0496 Date 12.10.2023  
 M/s. Dr. Ruby General Hospital Order No. .... Date .....  
Golpark, E.M. By-Pond Mode of Despatch N.B 192/285  
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	BC 9655	70 Jcr	
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 9658	70 Jcr	
5.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Calcium Free Part I with 2 Pkt. Bicarbonate Part II		140 Jcr	
6.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Non-Sterile Low Potassium Part I with 2 Pkt. Bicarbonate Part II			Exp. Sep 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			14 c/s.

Signature .....  
 Date/Time .....  
 Centre Name .....  
 Sub. Name .....  
 Employee Code .....  
 Date/Time .....  
 Signature .....  
 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

For INDIA BIO-MEDICAL PRIVATE LIMITED

Receiver's Signature (With Rubber Stamp)



TAX INVOICE

Original Buyer's Copy

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

Invoice / Bill No. **F0496/23-24**

Dated **12.10.2023**

GSTIN/UIN : 19AAACI7241L1ZB

Buyer **DCDC HSPC CENTRE**  
**Co: RUBY GENERAL HOSP.**  
**Golpark EM. By-Pass**  
**Kenda: 700107**

Delivery Note  
 Supplier's Ref.  
 Buyer's Order No.  
 Despatch Document No.  
 Despatch through **NB19L1285**  
 Dated  
 Dated  
 Destination

SI No.	Description of Goods	HSN CODE	Quantity	Rate ₹	Per	Amount ₹
1.	<b>NS. CONC. HDS-80104 Jm</b> <b>Normal</b> <b>Box: BC 9655</b> (Box) <b>Debris 1</b>	<b>3554</b> <b>9099</b>	<b>70 Jm</b>	<b>23500</b>	<b>Jm</b>	<b>1645000</b>
2.	<b>Box: BCD 9658</b> <b>Bi-consult pms &amp; pva</b> (Box) <b>[Exp: Sep 2025]</b>		<b>70</b> <b>Jm</b>	<b>26500</b>	<b>Jm</b>	<b>1855000</b>
				<b>SGST @ 6%</b>		<b>210000</b>
				<b>CGST @ 6%</b>		<b>210000</b>
<b>TOTAL</b>						<b>3920000</b>

Amount Chargable (In Words) **INR Thirty Nine Lakh Two Thousand only.**

SGST		CGST		IGST	
Rate %	Amount ₹	Rate %	Amount ₹	Rate %	Amount ₹
<b>6%</b>	<b>210000</b>	<b>6%</b>	<b>210000</b>		
	<b>3920000</b>				

TOTAL AMOUNT AFTER TAX

**Declaration**  
 Manufacturing Licence - DL No.: 1611M)  
 DLNo. 9572 SW, 9396 SBM)  
 We declare that this Invoice Shows the actual price of the goods described & that all particulars are true.  
 Interest 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.

Stock/No. of Boxes Received **14 Box and 140 JAR**

Buyer's Seal & Signature **Swam** M. No. **8620997675**

Subject to Physical Check  
 Name/Employee Code **DC00266**  
 Centre Name **RUBY General Hospital**  
 Date/Time **12/10/2023 at 4 PM**  
 Signature **[Signature]** M. No. **8620997675**

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