

IFG. Drug L. No. : 1611 M. Dt. 28.1.2010
 STIN / UIN : 19AAAC17241L1ZB



Phone : 033-24978202
 Mobile : 8017598693

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./P. 0618 Date 15.10.21
 1/s: Go. RUBY GENERAL HOSP. Order No. _____ Date _____
General Hospital Mode of Despatch WB072948
Kolkata-700107 Party D. L. No. _____

Please receive the acknowledge the receipt of the following :

| PARTICULARS | Batch No. Mfg. & Exp. Dt. | Quantity CAN / Pckt. | Unit Price |
|---|------------------------------|-------------------------|---------------|
| Concentrated Haemodialysis Sol. B.P./Dry Powder Non-Sterile Bicarbonate Part I with 2 Pkt Bicarbonate Part II | | | |
| Concentrated Haemodialysis Sol. B.P./Dry Powder Non-Sterile Potassium Free Part I with 2 Pkt. Bicarbonate Part II | | | |
| Concentrated Haemodialysis Sol. B.P./Dry Powder Non-Sterile Low calcium Part I with 2 Pkt. Bicarbonate Part II | | | |
| Concentrated Haemodialysis Sol. B.P./Dry Powder Dextrose Non-Sterile Part I with 2 Pkt. Bicarbonate Part III | <u>BCD</u> <u>477</u> | <u>60 jar</u> | |
| Concentrated Haemodialysis Sol. B.P./Dry Powder Non-Sterile Calcium free Part I with 2 Pkt. Bicarbonate Part II | <u>[Exp: Sep 26]</u> | | |
| Concentrated Haemodialysis Sol. B.P./Dry Powder Non-Sterile Low Potassium Part I with 2 Pkt. Bicarbonate Part II | | | |
| Concentrated Haemodialysis Sol. B.P./Dry Powder Non-Sterile Acetate | | | |
| Concentrated Haemodialysis Sol. B.P./Dry Powder Non-Sterile (M) | | | |
| Bicarbonate Packet Part II | | <u>6 cye</u> | |

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

Stock/No. of Boxes Received 60
 Subject to Physical Check Dear Sir
 Name/Employee Code _____
 Centre Name RNH
 Date/Time 15.10.21 Receiver's Signature _____
 Signature [Signature] With Rubber Stamp _____

INDIA BIO-MEDICAL PRIVATE LIMITED

[Signature]

05555

TAX INVOICE

24-25 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 Surki Mill
 Office : Bishnupur, D.H. Road, 24 PGS. (South)-700104
 Office : 033-40630669 / 26349388 Factory : 033 - 24978202
 Email : sanjiv.ibmpttd@gmail.com

GSTIN/UIN : 19AAAC17241L1ZB

| | |
|---------------------------------------|--------------------------|
| Invoice / Bill No. F 0618 | Dated 15-10-24 |
| Delivery Note | |
| Supplier's Ref | Other Reference (s) |
| Buyer's Order No | Dated |
| Despatch Document No. | Dated |
| Despatch through NB07 09468 | Destination |

DCDC HSPC CENTRE
RUBY GENERAL HSPC
LTD.
EMBY - Am.
Kolkata: 700107

| Description of Goods | HSN CODE | Quantity | Rate ₹ | Per | Amount ₹ |
|---|-----------|---------------------------|---------------|-----|-----------------|
| N.S. LONG. HOSPITAL JAW Deutsche 1 | | 3154 908 | | | |
| Sp. BCD 477 | | 60 | 265.00 | | 15900.00 |
| Sp. general - FMDG ENT (CASH) [Bo: Sep 26] | 64 | SSST @ 64 | | | 954.00 |
| | | CSST @ 64 | | | 954.00 |

TOTAL **17808.00**

| Chargeable (In Words) INR Sarandem Kowad Eight Hundred Eight only. | SGST | | CGST | | IGST | |
|---|-----------|-----------------|-----------|---------------|--------|----------|
| | Rate ₹ | Amount ₹ | Rate ₹ | Amount ₹ | Rate ₹ | Amount ₹ |
| 300490991 | 6% | 954.00 | 6% | 954.00 | | |
| TOTAL AMOUNT AFTER TAX | | 17808.00 | | | | |

Manufacturing Licence - DL No.: 1611M)
 72 SW, 9396 SBW)
 We warrant that this Invoice Show the actual price of the goods described & that all particulars are true.
 Payment will be charge @ 24% PA after 30 days
 We are not responsible for any breakage and short age in transit lie with the buyer.
 Once sold shall not be accepted back.

For INDIA BIO-MEDICAL PRIVATE LIMITED

Stock No. of Boxes Received **60 Cons**
 Subject to Physical Check
 Name/Employee Code **Deorshi**
 Centre Name **RGH**
 Date/Time **15/10/24 4.0 P.M.**
 Signature **Hann** M. No. **85060 05886**

Authorized Signatory