

**DELIVERY NOTE**



**PINE PHARMA (P) LTD**  
 D-91/2 OKHLA INDUSTRIAL AREA'  
 PHASE-1, NEW DELHI -110020  
 Ph:011-26810112,26810114  
 Fax :011-41811894  
 D.L.No.DL-TGB-124699(20B) DL-TGB-124700(21B)  
 Mfg. D.L.1303  
 PAN No: AAACP1693F  
 GSTIN/UIN: 07AAACP1693F1Z1  
 State Name : Delhi, Code : 07  
 E-Mail : pinepharma@hotmail.com

Delivery Note No. <b>1003/2023-24</b>	Dated <b>13-Oct-23</b>
	Mode/Terms of Payment
Reference No. & Date. <b>1003/2023-24 dt. 13-Oct-23</b>	Other References
Buyer's Order No. <b>133-102023-23890</b>	Dated <b>11-Oct-23</b>
Dispatch Doc No.	
Dispatched through	Destination <b>B.M. Gupta Hosp.</b>
Terms of Delivery	

Consignee (Ship to)  
**DCDC Health Services Pvt Ltd.**  
 B.M. Gupta Hospital Pvt Ltd, H-9 15, Arya Samaj  
 Road SDM Market, Block '0', Uttam Nagar, New  
 Delhi -110059, Mo: 8368219908  
 State Name : Delhi, Code : 07

Buyer (Bill to)  
**DCDC Health Services Pvt Ltd.**  
 C-185, Mayapuri Industrial Area phase- 2,  
 Mayapuri, New Delhi-110064, CIN No. - U85190DL2014PTC265804  
 State Name : Delhi, Code : 07  
 Place of Supply : Delhi

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	<b>Haemodialysis Solution (Part A+B) 10 Lit +2Pkts</b> Batch : 230952 With Dextrose B-2 Mfg & Exp: 09/23-08/25  CGST @12% SGST @12%	30049099	100.00 Can 100.00 Can			6 % 6 %	
<b>Total</b>			<b>100.00 Can</b>				

*100 CGST*  
 Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature .....  
*B.M. Gupta*  
*13/10/23 1.41.23 PM*  
*M. No. 952955289*

E. & O.E

Company's VAT TIN : **07570125628**  
 Recd. in Good Condition

for PINE PHARMA (P) LTD

Authorised Signatory