

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, DC DC HSPL CENTRE Delivery Challan No. FIP 0172 Date 9.6.2023  
 M/s C/O RUBY GENERAL HOSPITAL Order No. .... Date.....  
Solapur, Em By Om Mode of Despatch LRB 19 L 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 9373	50 JW	
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 9368 BCD 9371	25 JW 65 JW	
5.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Calcium Free Part I with 2 Pkt. Bicarbonate Part II	TEJN	140 JW	
6.	Concentrated Haemodialysis Sol. B.P./ Dry Powder Non-Sterile Low Potassium Part I with 2 Pkt. Bicarbonate Part II	[Exp: May 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		942	

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

Stock/No. of Boxes Received .....  
 Subject to Physical Check DC 09251  
 Name/Employee Code .....  
 Centre Name Ruby  
 Date/Time 9.6.2023 Receiver's Signature  
 Signature [Signature] (With Rubber Stamp)

6556

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 : Pailan, P.S. : Bishnupur, D.H. Road, 24 PGS (South)-700104  
 Ph. : Office : 033 - 40630559 / 25349388 Factory : 033 - 24978202  
 E-mail : sanjiv.ibmpvtltd@gmail.com

GSTIN/UIN : 19AAACI7241L1ZB

Invoice / Bill No. **F 0172/23-24** Dated **9.6.2023**

Delivery Note

Supplier's Ref. Other Reference (s)

Buyer **DCDC HSPL CENTRE**  
**CO: RUBY GENERAL HOSPITAL**  
**Solapur, E.M.B. - Cam**  
**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.	Conc. HDS. BP. 10x Jov <u>Normal (Part A)</u> Qty: BC 9373	3004 9099	50 Jov	235.00	Jov	11,750.00
2	<u>Denture.1</u> Qty: BCD 9368 " BCD 9371 Bi-carbonate powder (Part B) [Expiry: May 2025]	9045	25 Jov 65 Jov	265.00	Jov	23,850.00
		9045				2,136.00 2,136.00
<b>TOTAL</b>						<b>39,872.00</b>

Amount Chargable (In Words) <b>INR Thirty Nine Thousand Eight Hundred Seventy Two Only.</b>	SGST		CGST		IGST	
	Rate ₹	Amount ₹	Rate ₹	Amount ₹	Rate ₹	Amount ₹
HSN CODE <b>30049099</b>	6.1	2136.00	6.1	2136.00		
<b>TOTAL AMOUNT AFTER TAX</b>		<b>39872.00</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.

E & O. E.

Stock/No. of Boxes Received .....  
 Customer's Seal & Signature  
 Subject to Physical Check  
 Name/Employee Code **DC02251**  
 Centre Name **Ruby**  
 Date/Time **9/6/2023**  
 Signature **Mamz** M. No. **82060 05556**

For INDIA BIO-MEDICAL PRIVATE LIMITED

*[Signature]*

Authorised Signatory