

**Tax Invoice**



**PINE PHARMA (P) LTD**  
 D-91/2 OKHLA INDUSTRIAL AREA  
 PHASE-1, NEW DELHI - 110024  
 Ph: 011-26010112, 26010114  
 Fax: 011-26011604  
 E-Mail: pinepharma@pinepharma.com

Invoice No. **1144/2024-25** Dated **30-Oct-24**  
 Delivery Note Mode/Terms of Payment  
 Reference No. & Date. **1144/2024-25 dt. 30-Oct-24** Other References  
 Buyer's Order No. **10-102024-28317-1** Dated **30-Oct-24**  
 Dispatch Doc No. **10-102024-28317-1** Delivery Note Date  
 Dispatched through Destination **NH**

Consignee (Ship to)  
**DCDC Health Services Pvt Ltd.**  
 National Heart Institute Hospital, A -49 -50  
 Community Center East of Kailash, New Delhi  
 State Name : Delhi, Code : 07

Buyer (bill to)  
**DCDC Health Services Pvt Ltd.**  
 C-185, Mayapuri Industrial Area phase- 2,  
 Mayapuri, New Delhi-110004, CN No. -UB51903X20147C265804  
 State Name : Delhi, Code : 07  
 Place of Supply: Delhi

Terms of Delivery

Sl. No.	Description of Goods	HSN/SAC	Quantity		Rate	per	Tax %	Amount
			Shipped	Billed				
1	Haemodialysis Solution (Part A+B) 10 Lit +2Pkts Batch : 24294 With Dextrose B-2 Mfg & Exp: 09/24-08/26 MRP: 448.00	30049009	70.00 Can 70.00 Can	79.00 Can 70.00 Can	200.00	Can		14,000.00
2	Haemodialysis Solution (Part A+B) 10 Lit +2Pkts Batch : 24294 With Dextrose K+ Free B-7 Mfg & Exp: 09/24-08/26 MRP: 448.00	30049099	10.00 Can 10.00 Can	10.00 Can 10.00 Can	200.00	Can		2,000.00
								16,000.00
							CGST @12%	960.00
							SGST @12%	960.00
<b>Total</b>								<b>₹ 17,920.00</b>

*20 Cans*  
 Number of Boxes Received  
 Subject to Physical Count  
 Name/Employee Code *Abhishek / DC03155*  
 Date Name *N.H.I.*  
 Date Time *27/10/24 11:00 AM*  
 Signature *Abhishek* A.No. *9873235742*

Amount Chargeable (in words)  
**Indian Rupees Seventeen Thousand Nine Hundred Twenty Only**

Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Company's Bank Details  
 A/c Holder's Name: **PINE PHARMA (P) LTD**  
 Bank Name : **IDFC FIRST BANK**  
 A/c No. : **10043262698**  
 Branch & IFS Code: **OKHLA NEW DELHI & IDFB0020107**  
 SWIFT Code :

Customer's Seal and Signature

for PINE PHARMA (P) LTD  
 Authorised Signatory

SUBJECT TO DELHI JURISDICTION  
 This is a Computer Generated Invoice

