

**Tax Invoice**



**PINE PHARMA (P) LTD**  
 D-91/2 OKHLA INDUSTRIAL AREA  
 PHASE-1, NEW DELHI - 110020  
 Ph: 011-26810112, 26810114  
 Fax: 011-41011894  
 D.L No. DL-TGB-124699(200) DL-TGB-124700(210)  
 Mfg. D.L. 1303  
 PAN No. AAACP1693F  
 GSTIN/UIN: 07AAACP1693F1Z1  
 State Name : Delhi, Code : 07  
 E-Mail : pinepharma@hotmail.com

Consignee (Ship to)

**DCDC Health Services Pvt Ltd.**  
 DCDC Dialysis Center Kurukshetra,  
 Government Polyclinic Umari Road, Sec-04,  
 Kurukshetra, Haryana - 136118, Mo: 9729050786  
 State Name : Haryana, Code : 06

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

Invoice No. <b>114/2024-25</b>	Dated <b>22-Apr-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date. <b>114/2024-25 dt. 22-Apr-24</b>	Other References
Buyer's Order No. <b>107-042024-25876</b>	Dated <b>5-Apr-24</b>
Dispatch Doc No.	Delivery Note Date
E-Way Bill No: 7014 2239 9157	
Dispatched through	Destination <b>Kurukshetra</b>
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL01LAL1895</b>
Terms of Delivery <b>66 Box</b>	

Sl No.	Description of Goods	HSN/SAC	Alt. Quantity		Quantity		Rate	per	Disc. %	Amount
			Shipped	Billed	Shipped	Billed				
1	<b>Dry -Citrate 50 Lit Mix Part (A +B) With Dextrose</b> For Haemodialysis (1 Pkt Part A+2 Pkt Part B) Part A Batch No. DCD-2402 Mfg&Exp. 04/24- 2 Yr Part B Batch No. DCP-2401 Mfg&Exp. 04/24-2 Yr Dextrose PK05BoxX10 Pkt/Batch No. DX-2401 04/24-2Y 25 Box + 25 Box +05 Box	30049099	25 Box	25 Box	50 Pkt	50 Pkt	875.00	Pkt		43,750.00
2	<b>Dry -Citrate HD Solution Part A+B 10 Lit Mix</b> With Dextrose (Potassium Free) Batch No. DCD-2329 Mfg & Exp 03/24-2 Yr 5Box Part A +5 Box Part B Batch No P-2401 04/24-	30049099			50 Pkt	50 Pkt	175.00	Pkt		8,750.00
										52,500.00
										3,150.00
										3,150.00
										CGST @12%
										SGST @12%
Total			25 Box	25 Box	100 Pkt	100 Pkt				₹ 58,800.00

Stock/No. of Boxes Received ..... **50** .....  
 Subject to Physical Check  
 Name/Employee Code ..... **DCDC** .....  
 Centre Name ..... **Kurukshetra** .....  
 Date/Time ..... **22/4/24** .....  
 Signature ..... **[Signature]** ..... M. No. **7014/2239/9157**

Amount Chargeable (in words) **Indian Rupees Fifty Eight Thousand Eight Hundred Only** E. & O.E  
 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. : **10043262598**  
 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