

**Tax Invoice**



**PINE PHARMA (P) LTD**  
 D-91/2 OKHLA INDUSTRIAL AREA  
 PHASE-3, NEW DELHI - 110020  
 Ph: 011-26810112, 26810114  
 Fax: 011-41611894  
 DL No DL-T08-124899(208) DL-T08-124700(218)  
 Mfg. D. L. 1303  
 PAN No: AAACP1893F  
 GSTIN/UIN: 07AAACP1893F1Z1  
 State Name: Delhi, Code: 07  
 E-Mail: pinepharma@hotmail.com

**Consignee (Ship to)**  
**DCDC Health Services Pvt Ltd.**  
 Prem Hospital, LHDM & Dr. Prem Hospital  
 Bishan Sarup Colony, Opp Bus Stand,  
 Panipat -132103, HR-132103, Mo: 9671899298  
 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>1244/2022-23</b>	e-Way Bill No. <b>7113 0637 7397</b>	Dated <b>22-Dec-22</b>
Delivery Note		Mode/Terms of Payment
Reference No. & Date.	Other References	
<b>1244/2022-23 dt. 22-Dec-22</b>		
Buyer's Order No.	Dated	
<b>94-122022-21057-4</b>	<b>9-Dec-22</b>	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	
	<b>Prem Hospital Panipat</b>	
Terms of Delivery		
<b>59boxes</b>		

Sl No.	Description of Goods	HSN/SAC	Quantity		Rate	per	Disc. %	Amount
			Shipped	Billed				
1	<b>Dry -Citrate 50 Lit Mix Part (A+B) With Dextrose</b>  <i>For Haemodialysis (1 Pkt PartA+2 Pkt PartB) Part A Batch No: DCD-2221 Mfg&amp;Exp: 12/22-2 Yr Part B Batch No: DCP-2209 Mfg&amp;Exp: 12/22-2 Yr Dextrose Pkts:15 BoxX10 PktBatch No: DX-2209 12/22-2Y 25 Box + 25 Box +05 Box</i>	30049099	50 Pkt (25 Box)	50 Pkt (25 Box)	875.00	Pkt		43,750.00
2	<b>Dry -Citrate HD Solution Part A+B 10 Lit Mix With Dextrose (Potassium Free)</b>  <i>Batch No: DCD-2219 Mfg &amp; Exp: 11/2022-2Yr 25Box Part A +2 Box Part B Batch No: P-2270 11/22</i>	30049099	20 Pkt	20 Pkt	175.00	Pkt		3,500.00
								47,250.00
								2,835.00
								2,835.00
								<b>CGST @12%</b>
								<b>SGST @12%</b>
<b>Total</b>			<b>70 Pkt</b>	<b>70 Pkt</b>				<b>₹ 52,920.00</b>

**DCDC HSPL CENTRE-PREM HOSPITAL, PANIPAT**  
**MATERIAL RECEIVED**  
 DATE.....  
 TIME.....RECEIVED BY.....

**DCDC HSPL CENTRE-PREM HOSPITAL, PANIPAT**  
**MATERIAL RECEIVED**  
 DATE *26/12/22*  
 TIME *11:30 pm* RECEIVED BY *[Signature]*

Amount Chargeable (in words) **Indian Rupees Fifty Two Thousand Nine Hundred Twenty Only** E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
30049099	47,250.00	6%	2,835.00	6%	2,835.00	5,670.00
<b>Total</b>	<b>47,250.00</b>		<b>2,835.00</b>		<b>2,835.00</b>	<b>5,670.00</b>

**Tax Amount (in words) : Indian Rupees Five Thousand Six Hundred Seventy 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. : **10043262598**  
 Branch & IFS Code: **OKHLA NEW DELHI & IDFB0020107**  
 SWIFT Code :

**Customer's Seal and Signature**

for **PINE PHARMA (P) LTD**  
 [Authorized Signatory]  
 110020  
 D91/2, OIA, Ph-1