

Tax Invoice



PINE PHARMA (P) LTD
 D-91/2 OKHLA INDUSTRIAL AREA
 PHASE-1, NEW DELHI-110020
 Ph 011-26810112, 26810114
 Fax 011-41611894
 DL No DL-TGB-124699(20B) DL-TGB-124700(21B)
 Mfg DL 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.
 Civil Hospital Rewari, Kayasthwarra Mohalla,
 Rewari Haryana - 123401, Mo : 8930388314
 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. **110/2023-24** e-Way Bill No **7213 3320 0551** Dated **19-Apr-23**
 Delivery Note
 Reference No & Date **110/2023-24 dt. 19-Apr-23** Other References
 Buyer's Order No. **61-042023-22313-2** Dated **6-Apr-23**
 Dispatch Doc No
 Dispatched through
 Terms of Delivery **77 Boxes** Destination **Civil Hospital Rewari**

Sl No	Description of Goods	HSN/SAC	Alt. Quantity		Quantity		Rate	per Disc %	Amount
			Shipped	Billed	Shipped	Billed			
1	Dry -Citrate 50 Lit Mix Part (A +B) With Dextrose For Haemodialysis (1 Pkt PartA+2 Pkt PartB) Part A Batch No DCC-2301 Mfg&Exp 04/23-2 Yr Part B Batch No DCP-2301 Mfg&Exp 04/23-2 Yr Dextrose Pkt 07Box/10 Pkt/Batch No DX-2301 04/23-2Y 35 Box + 35 Box +07 Box	30049099	35 Box	35 Box	70 Pkt	70 Pkt	875.00		61,250.00

CGST @12%
 SGST @12%

6 % 3,675.00
 6 % 3,675.00

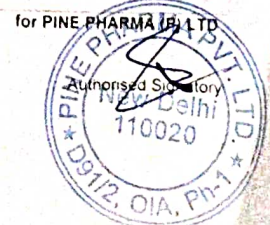
Stock/No. of Boxes Received **35**
 Subject to Physical Check
 Name/Employee Code **Neha DC 02617**
 Centre Name **C.H. Rewari**
 Date/Time **18-4-23 02:30**
 Signature **Neha** M. No. **7048998110**

Total **35 Box 35 Box 70 Pkt 70 Pkt** **68,600.00**
 Amount Chargeable (in words) **Indian Rupees Sixty Eight Thousand Six 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



SUBJECT TO DELHI JURISDICTION
 This is a Computer Generated Invoice