

Tax Invoice



**PINE PHARMA (P) LTD**  
 D-91/2 OKHLA INDUSTRIAL AREA  
 PHASE-1, NEW DELHI - 110020  
 Ph: 011-26910112, 26910114  
 Fax: 011-41611894  
 D.L. No. DL TGB-124699(208) DL TGB-124700(218)  
 Mfg. D.L. 1303  
 PAN No. AAACP1893F  
 GSTIN/UIN: 07AAACP1693F1Z1  
 State Name: Delhi, Code: 07  
 E-Mail: pinepharma@hotmail.com

**Consignee (Ship to)**  
**DCDC Health Services Pvt Ltd.**  
 Civil Hospital Bhiwani, 1st Floor, Near PMO  
 Office, CH Bansil Ghanta Ghar Chowk,  
 Bhiwani 127021, Mo. 8506000716  
 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>741/2023-24</b>	Dated <b>24-Aug-23</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date <b>741/2023-24 dt. 24-Aug-23</b>	Other References
Buyer's Order No <b>49-082023-23358</b>	Dated <b>7-Aug-23</b>
Dispatch Doc No	Delivery Note Date
E-Way Bill No: <b>7113 6201 7325</b>	Destination <b>Bhiwani</b>
Dispatched through	Motor Vehicle No. <b>DL1LAE1987</b>
Bill of Lading/LR-RR No	
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 PartA+2 Pkt PartB) Part A Sach No. DCD-2310 Mfg&Exp. 08/23-2 Yr Part B Sach No. DCP-2310 Mfg&Exp. 08/23-2 Yr Dextrose Pkt 0650x10 PktSach No. DX-2305 08/23-2Y Part A,30 Box+ Part B,30 Box+ 06 Box Dextrose Pkts  CGST @12% SGST @12%	30049099	30 Box	30 Box	60 Pkt	60 Pkt	875.00	Pkt		52,500.00
								6 %		3,150.00
								6 %		3,150.00
<b>Total</b>			<b>30 Box</b>	<b>30 Box</b>	<b>60 Pkt</b>	<b>60 Pkt</b>				<b>58,800.00</b>

Stock/No. of Boxes Received ..... **66** .....  
 Subject to Physical Check  
 Name of the Buyer ..... **Sweety/D C 02133** .....  
 Centre Name ..... **A.H. BHM** .....  
 Date/Time ..... **25-8-23** .....  
 Signature ..... **Sweety** ..... M. No. .... **85060-00716** .....

Amount Chargeable (in words) E. & O.E  
**Indian Rupees Fifty Eight Thousand Eight Hundred 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  
 110020  
 Authoured Signatory