

Tax Invoice



PINE PHARMA (P) LTD
 D-91/2 OKHLA INDUSTRIAL AREA
 PHASE-1, NEW DELHI -110020
 Ph 011-26810112, 26810114
 Fax : 011-41611894
 D L No DL-TGB-124699(20B) DL-TGB-124700(21B)
 Mfg. D L 1303
 PAN No: AAACP1693F
 GSTIN/UIN: 07AAACP1693F1Z1
 State Name : Delhi, Code : 07
 E-Mail : pinepharma@hotmail.com

Invoice No. 1362/2023-24	Dated 22-Dec-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date. 1362/2023-24 dt. 22-Dec-23	Other References
Buyer's Order No. 49-122023-24456	Dated 7-Dec-23
Dispatch Doc No.	Delivery Note Date
E-Way Bill No: 7613 9210 3347	
Dispatched through	Destination Bhiwani
Bill of Lading/LR-RR No.	Motor Vehicle No. DL1LAL1895
Terms of Delivery 61 Boxes	

Consignee (Ship to)
DCDC Health Services Pvt Ltd.
 Civil Hospital Bhiwani, 1st Floor, Near PMO
 Office, CH, Bansilal Ghanta Ghar Chowk,
 Bhiwani 127021, Mo: 98139813477
 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

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 DCD-2320 Mfg\$Exp 12/23-2 Yr Part B Batch No DCP-2309 Mfg\$Exp 12/23-2 Yr Dextrose Pkt05BoxX10 PktBatch No DX-2309 12/23-2Y 25 Box + 25 Box +05 Box	30049099	25 Box	25 Box	50 Pkt	50 Pkt	875.00	Pkt		43,750.00
2	Dry -Citrate HD Solution Part A+B 10 Lit Mix With Dextrose (Potassium Free) (1 Box Dextroe) Batch No DCD-2317 Mfg & Exp: 10/2023-2Yr 3Box Part A +3 Box Part B Batch No: P-2375 12/23-	30049099			30 Pkt	30 Pkt	175.00	Pkt		5,250.00
										49,000.00
										2,940.00
										2,940.00
										₹ 54,880.00
Total			25 Box	25 Box	80 Pkt	80 Pkt				E. & O.E

CGST @12%
SGST @12%

Stock/No. of Boxes Received 56
 Subject to Physical Check
 Name/Employee Code D.03012
 Centre Name Civil Bhiwani
 Date/Time 23/12/23
 Signature [Signature] M. No.....

Amount Chargeable (in words)
Indian Rupees Fifty Four Thousand Eight Hundred Eighty Only

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 :

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

Customer's Seal and Signature

