

**Tax Invoice**



**PINE PHARMA (P) LTD**  
 D-91/2 OKHLA INDUSTRIAL AREA  
 PHASE - I, NEW DELHI - 110020  
 PH: 011-26810112, 26810114  
 Fax: 011-41611894  
 DL No DL-TGR-124699(208) DL-TGB-124700(218)  
 Mfg. D.L. 1303  
 PAN No. AAACP1603F  
 GSTIN/UIN: 07AAACP1603F1Z1  
 State Name: Delhi, Code: 07  
 E-Mail: pinepharma@hotmail.com

**Consignee (Ship to)**  
**DCDC Health Services Pvt Ltd.**  
 Civil Hospital Narnaul, New Mohalla Mandi,  
 Narnaul, Mo: 9119154122  
 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 - US5190DL2014PTC265804  
 State Name : Delhi, Code : 07  
 Place of Supply : Delhi

Invoice No. <b>1409/2023-24</b>	Dated <b>29-Dec-23</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date. <b>1409/2023-24 dt. 29-Dec-23</b>	Other References
Buyer's Order No. <b>60-122023-24430</b>	Dated <b>7-Dec-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>Narnaul</b>
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL1LAL1895</b>
Terms of Delivery <b>55 Boxes</b>	

SI 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 Hemodialysis (1 Pkt Part A+2 Pkt Part B) Part A Batch No. DCD-2020 Mfgd Exp. 12/23-2 Yr Part B Batch No. DCP-2020 Mfgd Exp. 12/23-2 Yr Dextrose Pkt 50 Lit Pkt Batch No. DCP-2020 12/23-2 Yr 25 Box + 25 Box +05 Box	30049099	25 Box	25 Box	50 Pkt	50 Pkt	875.00	Pkt		43,750.00
	<b>CGST @12%</b>							6 %		2,625.00
	<b>SGST @12%</b>							6 %		2,625.00
<b>Total</b>			<b>25 Box</b>	<b>26 Box</b>	<b>50 Pkt</b>	<b>50 Pkt</b>				<b>₹ 49,000.00</b>

Stock/No. of Boxes Received ..... **55 box**  
 Subject to Physical Check ..... **Yes**  
 Name/Employer Code ..... **HRM.201.Sain**  
 Centre Name ..... **CH Narnaul**  
 Date/Time ..... **29/12/2023 6Pm**  
 Signature ..... **[Signature]** M. No. **9119154122**

Amount Chargeable (in words)  
**Indian Rupees Forty Nine Thousand 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 & IDFC0020107**  
 SWIFT Code :

Customer's Seal and Signature

