

**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-TSB-124899(208) DL-TSB-124700(218)  
 MIG. D.L. 1303  
 PAN No. AAACP1693F  
 GSTIN(UIN): 07AAACP1693F1Z1  
 State Name : Delhi, Code : 07  
 E-Mail : pinepharma@hotmail.com

Invoice No. <b>267/2024-25</b>	Dated <b>22-May-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date. <b>267/2024-25 dt. 22-May-24</b>	Other References
Buyer's Order No. <b>23-052024-26064</b>	Dated <b>3-May-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>JIND</b>
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL1LAL1895</b>
Terms of Delivery <b>55 Boxes</b>	

Consignee (Ship to)  
**DCDC Health Services Pvt Ltd.**  
 Civil Hospital Jind, Gohana Road, Jind -  
 126102, Mo : 8295012840  
 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. - U55190DL2014PTC265804  
 State Name : Delhi, Code : 07  
 Place of Supply : Delhi

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 Haemodialysis (1 Pkt PartA+2 Pkt PartB) Part A Batch No: DCD-2403 Mfg&Exp: 05/24- 2 Yr Part B Batch No: DCP-2402 Mfg&Exp: 05/24- 2 Yr Dextrose Pkts/Box*10 Pkts/Batch No: DH-2401 04/24-2Y 24 Box + 24 Box +05 Box	30049099	24 Box	24 Box	48 Pkt	48 Pkt	875.00	Pkt		42,000.00
2	<b>Dry -Citrate HD Solution Part A+B 10 Lit Mix</b> With Dextrose (Potassium Free) Batch No: DCD-2329 Mfg & Exp:03/24-2 Yr. 1Box Part A+1 Box Part B. Batch No: P-2414 05/24-	30049099			10 Pkt	10 Pkt	175.00	Pkt		1,750.00
<b>CGST @12%</b>										43,750.00
<b>SGST @12%</b>										2,625.00
<b>6 %</b>										2,625.00
<b>6 %</b>										
<b>Total</b>			<b>24 Box</b>	<b>24 Box</b>	<b>58 Pkt</b>	<b>58 Pkt</b>				<b>₹ 49,000.00</b>

Stock/No. of Boxes Received 48 Pkt  
 Subject to Physical Check  
 Name/Employee Code Shybluam  
 Centre Name DCDC Civil Hospital  
 Date/Time 22 May 24  
 Signature [Signature] M. No. 8295012840

Amount Chargeable (in words) **Indian Rupees Forty Nine Thousand 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 for PINE PHARMA (P) LTD

Authorised Signatory

