

Fax: 011-411994
 C.L.No. DL/TOB-12459(208) DL/TOB-124700(218)
 1303
 Mfg. D.L. 1853F
 PAN No. AAACP1853F
 GSTIN/UIN: 07AAACP1853F121
 State Name: Delhi, Code: 07
 E-Mail: pinepharma@hotmail.com

Consignee (Ship to)
DCDC Health Services Pvt Ltd.
 Bhagat Chandra Hospital, RZ - F 1/1 Mahavir
 Enclave Palam Dabri Road, Near Dwarka Airport Flyover 110045
 State Name: Delhi, Code: 07

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

Reference No. & Date. 1600/2023-24 dt. 7-Feb-24	Other References
Buyer's Order No. 9-022024-25167-4	Dated 6-Feb-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination Bhagat Chandra Hos
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity		Rate	per	Disc. %	Amount
			Shipped	Billed				
1	Haemodialysis Solution (Part A+B) 10 Lit +2Pkts Batch: 231277 With Dextrose B-2 Mfg & Exp: 12/23-11/25 CGST @12% SGST @12%	30049099	150.00 Can 150.00 Can	150.00 Can 150.00 Can	200.00	Can		30,000.00
						6 %		1,800.00
						6 %		1,800.00
Total			150.00 Can	150.00 Can				₹ 33,600.00

Stock No. of Boxes Received 150
 Subject to Physical Check
 Name/Employee Code Mamisha Gupta
 Centre Name Bhagat Chandra
 Date/Time 7/2/24
 Signature M. No. 8506074008

Amount Chargeable (in words)
Indian Rupees Thirty Three Thousand Six Hundred Only

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

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:

for PINE PHARMA (P) LTD
 Authorised Signatory

SUBJECT TO DELHI JURISDICTION
 This is a Computer Generated Invoice

