

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: 07AAACP1693F1ZI
 State Name : Delhi, Code : 07
 E-Mail : pinepharma@hotmail.com

Consignee (Ship to)
DCDC Health Services Pvt Ltd.
 DCDC Kidney Care Krishna Nagar, 451-452
 First Floor, Main Road, Jeel Kurenja,
 Opposite Taneja Diary, New Delhi -110051, Mo: 8130012791
 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

Invoice No. **1660/2023-24** Dated **15-Feb-24**
 Delivery Note Mode/Terms of Payment
 Reference No. & Date. Other References
1660/2023-24 dt. 15-Feb-24
 Buyer's Order No. Dated
204-022024-25063 **5-Feb-24**
 Dispatch Doc No. Delivery Note Date
 Dispatched through Destination
Krishna Nagar
 Terms of Delivery

SI 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-2325 Mfg&Exp: 02/24- 2 Yr Part B Batch No: DCP-2311 Mfg&Exp: 02/24 2 Yr Dextrose PK03BoxX10 Pkt/Batch No: DK-2311 02/24-2Y 35 Box + 35 Box +07 Box	30049099	35 Box	35 Box	70 Pkt	70 Pkt	875.00	Pkt		61,250.00		
2	Dry -Citrate HD Solution Part A+B 10 Lit Mix With Dextrose (Potassium Free) Batch No: DCD-2324 Mfg & Exp: 01/2024-2Yr 26Box Part A +2 Box Part B. Batch No: P-2380 01/24-	30049099			20 Pkt	20 Pkt	175.00	Pkt		3,500.00		
										64,750.00		
										CGST @12%	6 %	3,885.00
										SGST @12%	6 %	3,885.00
Total										₹ 72,520.00		

Stock/No. of Boxes Received 81 Boxes
 Subject to Physical Check
 Name/Employee Code Tinkle DP0022
 Centre Name Krishna Nagar
 Date/Time 15/2/24 12pm
 Signature [Signature] M. No. 8130012791

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No.



Amount Chargeable (in words) **Indian Rupees Seventy Two Thousand Five Hundred Twenty 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
 New Delhi
 Authorised Signatory

SUBJECT TO DELHI JURISDICTION
 This is a Computer Generated Invoice

