

Tax Invoice



**PINE PHARMA (P) LTD**  
 D-812 OKHLA INDUSTRIAL AREA  
 PHASE-1, NEW DELHI - 110020  
 PH. 011-26810112, 26810114  
 PH. 011-41811894  
 FAX. 011-26810112  
 D1 No. DL TGB (248991/208) DL TGB 124700/218)  
 Mfg. DL 1303  
 PAN No. AAACP1893F  
 GSTIN/UIN: 07AAACP1893F1Z1  
 State Name: Delhi Code: 07  
 E-Mail: pinepharma@hotmail.com

Invoice No. <b>1599/2023-24</b>	Dated <b>7-Feb-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date <b>1599/2023-24 dt. 7-Feb-24</b>	Other References
Buyer's Order No. <b>12-022024-25050-6</b>	Dated <b>6-Feb-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>Tarak Hospital</b>
Terms of Delivery	

Consignee (Ship to)  
**DCDC Health Services Pvt Ltd.**  
**TARAK HOSPITAL, C-7 Jai Bharat Enclave**  
 Dwarka More, Naiafgarh Road Block C Dwarka, New Delhi - 110059  
 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

Sl 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-2001 Mfg&Exp: 01/24-2 Yr Part B Batch No: DCP-2009 Mfg&Exp: 01/24-2 Yr Dextrose Pkt/Batch 10 Pkt/Batch No: DK-2310/01/24-2Y 15 Box + 15 Box +03 Box	30049099	15 Box	15 Box	30 Pkt	30 Pkt	875.00	Pkt		26,250.00
2	<b>Dry -Citrate HD Solution Part A+B 10 Lit Mix</b> With Dextrose (Potassium Free) Batch No: DCD-2324 Mfg & Exp: 01/2024-2Yr 15Box Part A +1 Box Part B Batch No: P-2380/01/24	30049099			10 Pkt	10 Pkt	175.00	Pkt		1,750.00
										28,000.00
										1,680.00
										1,680.00
										<b>CGST @12%</b>
										<b>SGST @12%</b>
<b>Total</b>			<b>15 Box</b>	<b>15 Box</b>	<b>40 Pkt</b>	<b>40 Pkt</b>				<b>₹ 31,360.00</b>

Stock/No. of Boxes Received ..... **35 Box**  
 Subject to Physical Check  
 Name/Employee Code ..... **RECEIVED**  
 Centre Name ..... **TARAK HOSPITAL**  
 Date/Time ..... **7-2-24**  
 Signature ..... **M. No.**

Amount Chargeable (in words)  
**Indian Rupees Thirty One Thousand Three Hundred Sixty 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 & IDFB002107**  
 SWIFT Code:

Customer's Seal and Signature

for PINE PHARMA (P) LTD  
 Authorized Signatory

SUBJECT TO DELHI JURISDICTION  
 This is a Computer Generated Invoice

