



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 07/08/2024
DEL003633 - AMBIKA SHARMA

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
09/08/2022	IN	SA2200187564	1187264		AKSHANA KUMAR 320 BEGG / WRAPAROUND RETAINER-11 ,41	1,428.00	0.00	1,428.00
29/09/2022	RC	47745	6080231	Cash Amount Received		0.00	1,428.00	0.00
28/11/2022	IN	22-23/10475	5010430	5524AH	AMIT VERMA DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-12 11 21	8,899.00	0.00	8,899.00
07/12/2022	IN	2212187851	7007889	DR SLIP. Based On Sales Orders 8352.	VANSHIKA WRAPAROUND RETAINER BEGG (RETAINER)-11,41	1,428.00	0.00	10,327.00
15/12/2022	RC		6109293	Bank Transfer		0.00	8,899.00	1,428.00
16/12/2022	JE		1276316			8,899.00	0.00	10,327.00
16/12/2022	JE		1276316			0.00	8,899.00	1,428.00
19/01/2023	IN	2301247681	7013495	U/L, TRAY WITH MODEL 1, SLIP 3, Based On Sales Orders 14242.	SONAM WRAPAROUND RETAINER BEGG (RETAINER)-11,31	1,428.00	0.00	2,856.00
01/03/2023	RC		6142157	Bank Transfer		0.00	856.00	2,000.00
01/03/2023	RC		6142156	Bank Transfer		0.00	2,000.00	0.00
20/11/2023	IN	TI/35207319	31332337		INDU GUPTA DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-36	1,388.00	0.00	1,388.00
19/12/2023	RC		16120415	8595037574@paytm-371914543005 Bank Transfer		0.00	1,388.00	0.00
06/02/2024	IN	TI/35319002	31445093		RISHAB BEGGS RETAINER-21	750.00	0.00	750.00
11/03/2024	RC		16158656	8595037574@paytm-407111638416 Bank Transfer		0.00	750.00	0.00
27/03/2024	IN	TI/35396135	31522230		BHRTI BEGGS RETAINER-11	750.00	0.00	750.00
02/04/2024	RC		26000639	8595037574@paytm-409338854611 Bank Transfer		0.00	750.00	0.00
22/05/2024	IN	TIDEL/46003093	42003533		AJAY KUMAR DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-47	2,096.00	0.00	2,096.00
13/06/2024	RC		26034895	8595037574@paytm-416546371920 Bank Transfer		0.00	2,096.00	0.00
13/06/2024	JE	806403	2891991			2,096.00	0.00	2,096.00
13/06/2024	JE	806403	2891991			0.00	2,096.00	0.00

Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
-------------	---------	-----------	-------	---------	-------------------------	-------	--------	---------

						29,162.00	29,162.00	
--	--	--	--	--	--	------------------	------------------	--

						*Period Closing Bal.:		0.00
--	--	--	--	--	--	-----------------------	--	------