



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 25/11/2024
LNW000223 - SANDEIP YADAV

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
06/01/2023	IN	DEL/22-23/12768	5012875		SHASHANK GUPTA DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11	2,966.00	0.00	2,966.00
31/03/2023	RC		6156829	Bank Transfer		0.00	2,966.00	0.00
31/03/2023	JE	25405	1529143			0.00	2,966.00	-2,966.00
31/03/2023	JE	25405	1529143			2,966.00	0.00	0.00
06/05/2023	IN	2305456221	34009034	PLS CALL DR BEFORRE START THE WORK Based On Sales Orders 9165.	NEELIMA SINGH DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11,21	5,933.00	0.00	5,933.00
17/05/2023	IN	DEL/23-24/2719	32602725		VIVEK SINGH DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-12,11,21	8,899.00	0.00	14,832.00
22/05/2023	IN	TI/35000335	31064716		SAKHI PANDAY SNAP ON SPLINT TOOTH COLOUR (AESTHETIC PROVISIONAL SPLINT)-41	940.00	0.00	15,772.00
21/08/2023	JE	564951	2076447			0.00	2,067.00	13,705.00
21/08/2023	JE	564951	2076447			2,067.00	0.00	15,772.00
21/08/2023	RC		16065362	Bank Transfer		0.00	8,000.00	7,772.00
29/09/2023	RC		16083431	Payment Done Online 5000 Bank Transfer		0.00	5,000.00	2,772.00
29/09/2023	JE	105151	2144600			0.00	4,060.00	-1,288.00
29/09/2023	JE	105151	2144600			4,060.00	0.00	2,772.00
29/12/2023	IN	DEL/23-24/15727	32615735		MOHIT KHUBCHANDANI DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-46	2,096.00	0.00	4,868.00
15/04/2024	JE	181196	2735086			0.00	4,868.00	0.00
15/04/2024	JE	181196	2735086			4,868.00	0.00	4,868.00
15/04/2024	RC		26006385	Cash Collected Cash Amount Received		0.00	4,868.00	0.00
30/07/2024	RC		26057739	sandeip2102@oksbi-421230213920 Bank Transfer		0.00	33,328.00	-33,328.00
02/08/2024	IN	TIKER/45194556	41197739	DISC79/10%/FIRST ALIGNER/3507	SHIFA LIKA DENTCARE ALIGNERS PRIME 24 SPLINTS PER PACK-	33,143.00	0.00	-185.00

Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
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							*Period Closing Bal.:	-185.00
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