

Balance Statement

Invoices till 16/08/2024 not paid as on 16/08/2024

DENTCARE DENTAL LAB PVT. LTD.

TVM002303 - ASWANI S

		SO Number	Patient Name					Opening balance IN / CN :			
Bill No	Order Type			Product & Units			Amount	Settled Amount	Balance Amt	Cumulative Balance	
TIKER/45201536	SO	24086689131	SAJITHA		-	BRIDGE	2,776.00	0.00	2,776.00	2,776.00	
						2,776.00		0.00		2,776.00	
After Adjusing Pending Cheques, If Any		:	2,776.00	Trans. Date	Party's Bank	Submitted Bank	Cheque I	Date Chequ	e No Ch	eque Amount	
onciliation Or Settlen	nent	:	2,776.00		-					-	
		:	0.00								
	TIKER/45201536 g Cheques, If Any	Type	Type TIKER/45201536 SO 24086689131 g Cheques, If Any : conciliation Or Settlement :	Type TIKER/45201536 SO 24086689131 SAJITHA g Cheques, If Any : 2,776.00 conciliation Or Settlement : 2,776.00	Type TIKER/45201536 SO 24086689131 SAJITHA DENTCAR (DIRECT I g Cheques, If Any : 2,776.00 monciliation Or Settlement : 2,776.00	Type TIKER/45201536 SO 24086689131 SAJITHA DENTCARE NOVA PFM CROWN/E (DIRECT DEL.)-26,27 g Cheques, If Any : 2,776.00 Trans. Date Party's Bank sonciliation Or Settlement : 2,776.00 Image: Control of Contro of Control of C	Type TIKER/45201536 SO 24086689131 SAJITHA DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-26,27 2,776.00 g Cheques, If Any : 2,776.00 Trans. Date Party's Bank Submitted Bank sonciliation Or Settlement : 2,776.00 Trans. Date Party's Bank Submitted Bank	Bill No Order Type SO Number Patient Name Product & Units Amount TIKER/45201536 SO 24086689131 SAJITHA DENTCARE NOVA PFM CROWN/BRIDGE 2,776.00 Image: Cheques, If Any : 2,776.00 2,776.00 2,776.00 Image: Cheques, If Any : 2,776.00 1 1 Image: Cheques, If Any : 2,776.00 1 1 Image: Chequest in the im	Bill No Order Type SO Number Patient Name Product & Units Amount Settled Amount TIKER/45201536 SO 24086689131 SAJITHA DENTCARE NOVA PFM CROWN/BRIDGE 2,776.00 0.00 ITIKER/45201536 SO 24086689131 SAJITHA DENTCARE NOVA PFM CROWN/BRIDGE 2,776.00 0.00 Image: Cheques, If Any : 2,776.00 Trans. Date Party's Bank Submitted Bank Cheque Date	Bill No Order Type SO Number Patient Name Product & Units Amount Balance Amt Amount TIKER/45201536 SO 24086689131 SAJITHA DENTCARE NOVA PFM CROWN/BRIDGE 2,776.00 0.00 2,776.00 g Cheques, If Any : 2,776.00 Trans. Date Party's Bank Submitted Bank Cheque Date Cheque No Ch sonciliation Or Settlement : 2,776.00 i	

Bank Account Details Bank Name :ICICI Bank Virtual Account No: DCJKTVM002303 (the first 7 digits are alphabet) Branch : ICICI CMS IFSC Code : ICIC0000104



*The Virtual Account Number and QR Code is unique for each customer. Kindly ensure to make payment only to the Virtual Account Number or QR code specified in your respective invoice or Balance statement.