KARNATAKA ANTIBIOTICS & PHARMACEUTICALS LIMITED
CUSTOMER MASTER DETAILS - IIS-BOS

DATE : 28.05.2025 **TO : ISD** **BRANCH NAME : RAIPUR**

SL	DESCRIPTION	SL	DESCRIPTION
01.	**CUSTOMER CODE : CGPHN006**	16.	MODE OF PAYMENT : **1. ADVANCE PAYMENT** **(Specify Choice No.)** **2. DIRECT PAYMENT** **3. POST DATED CHEQUE(*)** **4. DOCUMENTS THRO' BANK** **5. LETTER OF CREDIT** **6. CASH & CARRY**
02.	**CUSTOMER NAME : NTPC – RAIGARH - CGPHN006**		
03.	SHORT DESCRIPTION : **SR MGR**		
04.	TYPE : **1. PROPRIETORSHIP (*)** **(Specify Choice No.)** **2. PARTNERSHIP /** **3. LIMITED COMPANY/** **4. PUBLIC SECTOR UNIT) /**	17.	CUSTOMER LEVELS : **(1) PHARMA HOSPITAL** **(2)** **(3)** **(4)**
05.	ADDRESS (1) : **NTPC LIMITED, SUPER THERMAL POWER PROJECT,**	18.	CREDIT LIMIT : **NA**
06.	ADDRESS (2) : **VILLAGE CHHAPORA, PO/PS-PUSSORE, RAIGARH**	19.	CREDIT Period in **DAYS** : **60 DAYS**
07.	ADDRESS (3) :	20.	EMD AMOUNT ` : **NA**
08.	**CITY NAME : RAIGARH**	21.	EMD DEPOSIT DATE :
09.	**DISTRICT NAME : RAIGARH, CHHATTISGARH-496440**	22.	EMD WITHDRAWAL Date :
10.			
11.	**CONSIGNEE :**		
12.	TELEPHONE NOS. : **07662-242485**	23.	SALES TAX No. for **State** :
13.	FAX NOS. :	24.	GSTIN No. : **22AAACN0255D4Z5**
14.	DESIGNATION :	25.	DRUG License No. for **20B** :
15.	AGREEMENT VALIDTY : **FROM - DATE :-**	26.	DRUG License No. for **21B** :
	: TO - DATE :-	27.	TAXABLE : **YES / NO**
16.	DISTRIBUTING NAME :		(PL. TICK Y OR N)
	CUSTOMER BANK		**CUSTOMER TRANSPORTER**
01.	BANK CODE :	01.	TRANSPORTER CODE :
02.	N A M E :	02.	NAME :
03.	ADDRESS (1) :	03.	TYPE : **1. IBA APPROVED** (Specify Choice. NO.) **2. OTHERS** **3. HIGHLY REPUTED**
04.	ADDRESS (2) :	04.	ADDRESS (1) :
05.	ADDRESS (3) :	05.	ADDRESS (2) :
06.	CITY NAME :	06.	ADDRESS (3) :
07.	PIN CODE :	07.	CITY NAME : PIN CODE :
08.	INTEREST PAID % :	08.	TEL TELEPH Nos. : FAX Nos. :

* PLEASE DO NOT WRITE THE CODE. THIS IS FOR ISD USE ONLY .

ENTERED BY :

SEND BY : RAIPUR BRANCH