



TAX INVOICE
DESCO MEDICAL INDIA

387, 2ND FLOOR DESCO HOUSE, F.I.E. PATPARGANJ INDUSTRIAL AREA
DELHI-110092. CDSCO Reg No: DL/EAS/MD42/2023/000001
GSTIN : 07AATFD6292L1ZN
Tel. : 9599962957 email : shipping@descoinstruments.com

Original Copy

Invoice No. : DMI/42/23-24
Dated : 11.04.2023
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport : BLUE DART EXPRESS LIMITED
Vehicle No. :

Station : Rewari
E-Way Bill No. :
Payment Mode : Online
Contract No : DMI 20914
Contract Date : 05-04-2023
Sales Person : MS. AKSHRA

Billed to :
DCDC HEALTH SERVICES PVT. LTD.
C-185, Mayapuri Industrial Area,
Phase- 2, Mayapuri,
New Delhi-110064

Shipped to :
DCDC HEALTH SERVICES PVT. LTD.
Civil Hospital Rewari Civil Hospital
Rewari Kayasthwar Mohalla
Haryana, 123401

Party Mobile No : 8506005556
State : Delhi (07)
Party Pincode : 110064
GSTIN / UIN : 07AAFCD0204K1Z1

Party Mobile No : 8930388314
State : Haryana (06)
Party Pincode : 123401
GSTIN / UIN : 07AAFCD0204K1Z1

IRN : ba1d00ede7ff60562d74d29b220ee7e78e937630ba86bbe99bb4ccd1e27223c7 **Ack.No. : 172312622158228** **Ack. Date : 11.04.2023**

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	Price	Amount(₹)
1.	St Wheel Chair Powder	8713	2.00	pcs	3,850.00	7,700.00
						7,700.00
Add : Freight & Forwarding Charges						2,200.00
Add : CGST @ 2.50 %						247.50
Add : SGST @ 2.50 %						247.50
Grand Total					2.00 pcs	₹ 10,395.00

Tax Rate **Taxable Amt** **CGST Amt.** **SGST Amt.** **Total Tax**
5% 9,900.00 247.50 247.50 495.00

Rupees Ten Thousand Three Hundred Ninety Five Only

Bank Details : ICICI Bank, I.P. Extn Delhi Account No - 072105002232, IFSC - ICIC0000721
Interest @ 18% p.a. chargeable after 7 days

Terms & Conditions

- E. & O. E : 1. Goods once sold will not be taken back.
2. Any Shortages to be updated within 2 days
3. Warranty Applicable Only on Manufacturing Defects.
4. Warranty NOT Applicable on Glass and ABS Products damaged
5. Warranty NOT Applicable on any wear and tear or breakage
6. Subject to 'Delhi' Jurisdiction only.

E-Invoice QR Code



Receiver's Signature :

For DESCO MEDICAL INDIA

For DESCO MEDICAL INDIA

Authorised Signatory

PURCHASE DEPARTMENT
CHECKED - PO / RATE / QTY
CHECKED BY :
DATE :
REMARKS :
20/4/23