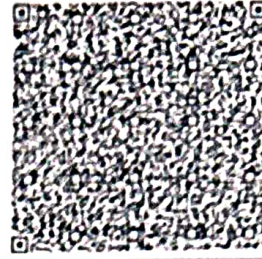


Tax Invoice

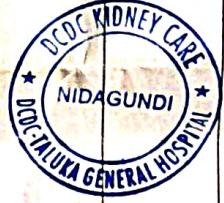
(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : 148486b37f70d332419612c20a3b41920146feee-  
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 Ack No. : 112422598148656  
 Ack Date : 11-Nov-24

<b>FARMAX</b> FARMAX TECHNOLOGIES PRIVATE LIMITED PLOT NO. 102, ROAD NO. 14 KIADB INDUSTRIAL AREA, SIRA, TUMKUR DIST - 572137 CIN NO. U29150KA2006PTC038548 MOB : 9538875498 UDYAM-KR-03-0041780 (MSME) GSTIN/UIN : 29AAACF9623M1Z5 State Name : Karnataka, Code : 29 E-Mail : reach@farmaxindia.com	Invoice No. : 1363SAL202425 e-Way Bill No. : 111978319905 Dated : 11-Nov-24																																																						
	Delivery Note : Mode/Terms of Payment :																																																						
	Reference No. & Date. : Other References : <b>HANDLE BY TSR</b>																																																						
	Buyer's Order No. : 212-112024-114-1 Dated : 5-Nov-24 Dispatch Doc No. : <b>VRL PAID DOOR DELY</b> Delivery Note Date : Dispatched through : KA593907 Destination :																																																						
Consignee (Ship to) <b>TALUKA HOSPITAL NIDAGUNDI</b> TALUKA GENERAL HOSPITAL, NIDAGUNDI, DIST VIJAYPURA - 586213 State Name : Karnataka, Code : 29 Contact : 7406820897	Terms of Delivery <b>DESPATCH FROM</b> <b>BRANCH 2</b> <b>FARMAX TECHNOLOGIES PVT LTD</b> <b>NO.96/2 SINGASANDRA</b> <b>HOSUR MAIN ROAD</b> <b>BANGALORE - 560068.</b> <b>GST NO.29AAACF9623M1Z5</b>																																																						
Buyer (Bill to) <b>DCDC HEALTH SERVICES PVT LTD</b> C-185, 1ST FLOOR, MAYAPURI INDUSTRIAL AREA, PHASE -II, NEW DELHI - 110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply: Delhi Contact : 8506011227 E-Mail : purchase@dcdc.co.in																																																							
<table border="1"> <thead> <tr> <th>Sl No.</th> <th>Description of Goods</th> <th>HSN/SAC</th> <th>Quantity</th> <th>Rate</th> <th>per</th> <th>Disc. %</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>FARMAX 40KVA VOLTAGE STABILIZER - VS                      BINDING FULL COPPER                      MODEL : FX40K3PH                      I/P RANGE : 30-460V                      O/P VOLTAGE : 415V                      TYPE : AIR COOLED                      WARRANTY : 1 YEAR                      FOR STABILIZER                      &amp; 2 FOR                      TRANSFORMER FROM                      THE DATE OF INVOICE                      SL.NO.1197112024</td> <td>85044040</td> <td>1.00 NOS</td> <td>54,000.00</td> <td>NOS</td> <td></td> <td>54,000.00</td> </tr> <tr> <td>2</td> <td>FREIGHT CHARGES</td> <td>85044040</td> <td></td> <td></td> <td></td> <td></td> <td>4,000.00</td> </tr> <tr> <td></td> <td><b>OUTPUT IGST @ 18%</b></td> <td></td> <td></td> <td></td> <td>18 %</td> <td></td> <td>58,000.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>10,440.00</td> </tr> <tr> <td></td> <td><b>Total</b></td> <td></td> <td>1.00 NOS</td> <td></td> <td></td> <td></td> <td><b>₹ 68,440.00</b></td> </tr> </tbody> </table>								Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount	1	FARMAX 40KVA VOLTAGE STABILIZER - VS BINDING FULL COPPER MODEL : FX40K3PH I/P RANGE : 30-460V O/P VOLTAGE : 415V TYPE : AIR COOLED WARRANTY : 1 YEAR FOR STABILIZER & 2 FOR TRANSFORMER FROM THE DATE OF INVOICE SL.NO.1197112024	85044040	1.00 NOS	54,000.00	NOS		54,000.00	2	FREIGHT CHARGES	85044040					4,000.00		<b>OUTPUT IGST @ 18%</b>				18 %		58,000.00								10,440.00		<b>Total</b>		1.00 NOS				<b>₹ 68,440.00</b>
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HSN/SAC : 85044040		Taxable Value : 58,000.00		IGST Rate : 18%		Total Tax Amount : 10,440.00																																																	
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Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.				Company's Bank Details Bank Name : SBI OD A/C 62029094305 A/c No. : 62029094305 Branch & IFS Code : JAYANAGAR & SBIN0006969 for FARMAX TECHNOLOGIES PRIVATE LIMITED BANGALORE Authorised Signatory																																																			



Stock/No. of Boxes Received ..... 01  
 Subject to Physical Check .....  
 Name/Employee Code ..... R. V. Mestral  
 Centre Name ..... Nidagundi  
 Date/Time ..... 28-11-24 11:30  
 Signature ..... R. V. Mestral No. 8451104212