



Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 988e869eda43465400fa01434b8d1c75f22b8018ff9c7aac-efb410a701a4d645  
 Ack No. : 182415597075268  
 Ack Date : 26-Feb-24


<b>ARIVATION HEALTHCARE PRIVATE LIMITED</b> Site Office: 16/24 Dr. Suresh Chandra Banerjee Road KOLKATA Kolkata WB KOLKATA-700010 GSTIN/UIN: 19AASCA6131H1ZF State Name : West Bengal, Code : 19 Contact : 6289556902,9836667979 E-Mail : arivationhealthcare@gmail.com	Invoice No.	Dated
	<b>AHPL/2324/500</b>	<b>26-Feb-24</b>
Consignee (Ship to) <b>DCDC Health Service Pvt. Ltd.</b> Civil Hospital Kaithal; Huda Sector 18, Patti Gadar, Kaithal, Haryana, 136027, Contact No : 8506000651 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Haryana, Code : 06	Delivery Note	Mode/Terms of Payment
		<b>30 DAYS</b>
Buyer (Bill to) <b>DCDC Health Service Pvt. Ltd.</b> C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	<b>66-022024-25071</b>	<b>7-Feb-24</b>
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	<b>SAFEXPRESS</b>	<b>KAITHAL</b>
	Vessel/Flight No.	Place of receipt by shipper:
	City/Port of Loading	City/Port of Discharge
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	<b>Dry Dialysate 36.83x – 50 Lit.MIX (With Part B)</b> Batch : DC2324420 Expiry : 18-Feb-26  <b>Igst Output</b>	30049032	<b>30 Pcs</b> 30 Pcs	825.00	Pcs		<b>24,750.00</b>  <b>2,970.00</b>
Stock/No. of Boxes Received <b>30</b> Subject to Physical Check Name/Employee Code <b>Manu / 10102754</b> Centre Name <b>(DCDC) C.H. Kaithal</b> Date/Time <b>29/2/24 5:00 PM</b> Signature <b>[Signature]</b> M. No. <b>8506000651</b>							
Total			<b>30 Pcs</b>				<b>₹ 27,720.00</b>

Amount Chargeable (in words)  
**Indian Rupees Twenty Seven Thousand Seven Hundred Twenty Only**

Company's Bank Details  
 A/c Holder's Name : ARIVATION HEALTHCARE PRIVATE LIMITED  
 Bank Name : Union Bank of India  
 A/c No. : 015225010000001  
 Branch & IFS Code : Dharmatolla Branch & UBIN0530131  
 SWIFT Code : UBININBBOCL

Declaration  
 DL No: WB/KOL/NBO/W/320645 & WB/KOL/BO/W/320645  
 MSME UAM No. WB10D0023343  
 Interest @24% PA will be charged after credit period  
 Goods once sold will not be taken back or exchanged

for ARIVATION HEALTHCARE PRIVATE LIMITED  
  
**[Signature]**  
 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION  
 This is a Computer Generated Invoice