# ASHOK KUMAR

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|---|---|---|---|
| | | | **GSNT NO :** |
| | | | CREDIT DAYS : 00 DAYS |
| INVOICE TO | | | INVOICE NO : |
| **NAME :** | **DCDC KIDNEY CARE/MGM HOSPITAL** | **GST NO :** | DATE OF ISSUE : 31/10/2023 |
| **ADDRESS** | **MGM HOSPITAL** | **STATE : JHARKHAND** | PLACE OF SUPPLY : |
| | **JAMSHEDPUR, JHARKHAND** | **STATE CODE : 20** | STATE CODE : 20 |
| | | | TRANSPORTION MODE : |
| **NAME :** | **DCDC KIDNEY CARE/MGM HOSPITAL** | **GST NO :** | VEHICLE NO : |
| **ADDRESS** | **MGM HOSPITAL** | **STATE : JHARKHAND** | REVERSE CHARGE : |
| | **JAMSHEDPUR, JHARKHAND** | **STATE CODE : 20** | P.O.NO : |

| SR NO. | DESCRIPTION | HSN | QTY | RATE | AMOUNT | CGST | | SGST | | IGST | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | UNIT | | | RATE | AMT | RATE | AMT | RATE | AMT | |
| 1 | PEST CONTROL | | 1 | 1500 | 1500 | 0.0% | 0 | 0.0% | 0 | | | 1500.00 |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| TOTAL | | | 1 | | 1500 | | 0 | | 0 | | | 1500.00 |

| | | | |
|---|---|---|---|
| AMOUNT IN WORD: | | TOTAL AMOUNT | **1500.00** |
| | | TOTAL GST | **0.00** |
| Bank Details | | LESS FOOD ORDERED ANJU | |
| Bank Name | | ROUND OF | |
| Account no. | | PAYABLE AMOUNT | **1500.00** |
| Ifsc code | | GST PAYBLE ON REVERSE CHARGE | |
| Branch | | certified that above inforemation correct | |

Terms&conditions

2.payment should be paid on or before due date.

3.Interest Will be 18% charge after Due date.

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