


# ESTIMATED BILL

| <b>INVOICE</b>                                  |              |     |                   |      |        | <b>GSNT NO</b> :   |      |   |      |  |      |         |         |
|---|--------------|-----|-------------------|------|--------|--|------|---|------|--|------|---------|---------|
|   |              |     |                   |      |        | CREDIT DAYS : 00 DAYS  |      |   |      |  |      |         |         |
| INVOICE TO                                      |              |     |                   |      |        | INVOICE NO :   |      |   |      |  |      |         |         |
| NAME : DCDC KIDNEY CARE /MGM HOSPITAL           |              |     | GST NO :          |      |        | DATE OF ISSUE : 19/09/2024   |      |   |      |  |      |         |         |
| ADDRESS JAMSHEDPUR                              |              |     | STATE : JHARKHAND |      |        | PLACE OF SUPPLY :  |      |   |      |  |      |         |         |
| EAST SINGHBHUM                                  |              |     | STATE CODE : 20   |      |        | STATE CODE : 20  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        | TRANSPORTION MODE :  |      |   |      |  |      |         |         |
| NAME :  |              |     | GST NO :          |      |        | VEHICLE NO :   |      |   |      |  |      |         |         |
| ADDRESS   |              |     | STATE : JHARKHAND |      |        | REVERSE CHARGE :   |      |   |      |  |      |         |         |
|   |              |     | STATE CODE : 20   |      |        | P.O.NO :   |      |   |      |  |      |         |         |
| SR NO.  | DESCRIPTION  | QTY | RATE              |      | AMOUNT |  | CGST |   | SGST |  | IGST |         | TOTAL   |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
| 1   | PEST CONTROL | 1   | 1500              | 1500 | 0.0%   | 0  | 0.0% | 0 |      |  |      |         | 1500.00 |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
|   |              |     |                   |      |        |  |      |   |      |  |      |         |         |
| 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 information correct   |      |   |      |  |      |         |         |
| Terms&conditions                                |              |     |                   |      |        | <br>authorised sinatory |      |   |      |  |      |         |         |
| 2.payment should be paid on or before due date. |              |     |                   |      |        |  |      |   |      |  |      |         |         |
| 3.Interest Will be 18% charge after Due date.   |              |     |                   |      |        |  |      |   |      |  |      |         |         |

Apr  
 May  
 Jun  
 Jul  
 Aug  
 Sep  
 Oct  
 Nov  
 Dec