

**R S SURGICALS**

H.NO:1-8-264/22/1,PART OF FIRST FLOOR,  
SINDHI COLONY,PENDERGHAST ROAD, SECUNDERABAD-  
500003,TELANGANA 500003  
GSTIN : 36BVBPP2482G1Z1  
State Code : 36- Telangana  
9963400630  
DL No. : TG/24/05/2017-26036  
DL No.2 : TG/24/05/2017-26037  
E-mail Id: rssurgicals27@gmail.com

**TAX INVOICE**

**DCDC HEALTH SERVICES PRIVATE LIMITED**  
FIRST FLOOR,C-185,REWARI LINE INDUSTRIAL AREA,MAYAPURI,PHASE-  
2,NEW DELHI 110064  
Phone : 8851337558  
DL No. :  
GSTIN : 07AAFCD0204K1Z1

**CREDIT**

Invoice No: A000556      Order No. 146-072023-23240  
Invoice Date: 04-08-2023      Order Date.: 12-07-2023  
Due Date:

S.No.	Qty.	Pack	Product	Batch	Exp	HSN	MRP	Rate	Dis. 1	IGST%	Amount
1	3,600		IHL NS1000ML	3C60430	05-2026	30049099	65.20	32.00	0.00	12.00	115,200.00
2	300		IHL NS100ML	3C60257	04-2026	30049099	22.00	9.50	0.00	12.00	2,850.00

<b>TOTAL</b>							<b>118,050.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>14,166.00</b>	<b>14,166.00</b>	<b>T. Items:- 2.00</b>	<b>T. Qty:- 3900</b>	<b>Sub Total</b>	<b>118,050.00</b>	
<b>GST 5%</b>							0.00	0.00	0.00	0.00	0.00	0.00	0.00			<b>Bill Dis</b>	<b>0.00</b>
<b>GST 12%</b>							118,050.00	0.00	0.00	0.00	14,166.00	14,166.00			<b>IGST</b>	<b>14,166.00</b>	
<b>GST 18%</b>							0.00	0.00	0.00	0.00	0.00	0.00					
<b>GST 28%</b>							0.00	0.00	0.00	0.00	0.00	0.00					
<b>Others</b>							0.00	0.00	0.00	0.00	0.00	0.00					
<b>Grand Total</b>							<b>118,050.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>14,166.00</b>	<b>14,166.00</b>			<b>Grand Total</b>	<b>132,216.00</b>	

Rs. One Lakh Thirty Two Thousand Two Hundred Sixteen Only.

**Terms & Conditions:**

- 1) Goods once sold will not be taken back or exchanged.
- 2) Bills not paid due date will attract 24% interest.
- 3) All disputes subject to jurisdiction only.

**Bank & Details:**

A/c No. 333405000087  
ICICI BANK  
Branch: SINDHI COLONY  
IFSC Code: ICIC0003334

Stock/No. of Boxes Received 303  
Subject to Physical Check  
Name/Employee Code T. Ravi  
Centre Name Khammam  
Date/Time 04/08/23  
Signature [Signature] M. No. [Blank]  
**For R S SURGICALS**  
**Authorised Signatory**

Checked By \_\_\_\_\_  
E.&O.E.