

GSTIN : 03ABC6125F1ZQ

Original Copy

TAX INVOICE Medica Enterprises

Sco-28, SEHAJ ENCLAVE MARKET, MAJITHA ROAD, AMRITSAR. 143001
Tel : 0183-5058281 email : medicaent@gmail.com
Drug Licence No. : PB-AS3-100552, PB-AS3-100553

Invoice No. : G/23-24/3001
Dated : 08-02-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport : Vehicle
Vehicle No. : PB46J9724

Station : Amritsar
E-Way Bill No. :
PO No. : 120-022024-25131
PO Dt. : 07-02-2024
Pmt Term : ON DELIVERY
Order by Name : MR.ROHIT
Nos of Boxes :

Billed to :
DCDC Health Service Pvt. Ltd.
C-185, Mayapuri Industrial Area Phase- 2
Mayapuri, New Delhi-110064
Mr.Rohit Ph.+91 9467283394.

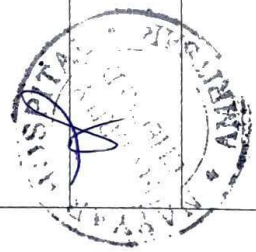
Shipped to :
DCDC Health Service Pvt. Ltd.
Nayyar Hospital
3, Dasonda Singh Rd, Amritsar, 143001
Contact No : 8595955923

GSTIN / UIN :
D.L. No. :

GSTIN / UIN :
D.L. No. :

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	Price	IGST Rate	IGST Amount	Amount(Rs.)
1.	BC27 Hemodialysis Fluid K Free Part A+B Part-B-30pkt.	30049099	15.00	Pcs	220.00	12.00 %	396.00	3,696.00
2.	BC-25 HEAMO. FLUID (PART A+ PART B) Part-B-50pkt.	30049099	25.00	Pcs.	220.00	12.00 %	660.00	6,160.00

4024
08/02/24



Stock/No. of Boxes Received 40 Cons + Part B
Subject to Physical Check
Name/Employee Code Tarandeet
Centre Name Nayyar Hospital
Date/Time 8/2/24 11pm
Signature Tarandeet M. No 7.10.1.85988

Grand Total 9,856.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	8,800.00	1,056.00	1,056.00

Rs. Nine Thousand Eight Hundred Fifty Six Only

Bank Details : HDFC Bank A/c No. 502 000 266 93071,IFSC:HDFC0001580

Terms & Conditions
E.&O.E.
1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.
3. Subject to 'Amritsar' Jurisdiction only.

Receiver's Signature :

For Medica Enterprises

Prepare by **Authorised Signatory**

OUT
Date..... 8-2-24
Time..... 11:10 AM
Disput
Recd..... 08/292/24