

**TAX INVOICE****Medica Enterprises**

H.O: Sco-28, SEHAJ ENCLAVE MARKET, MAJITHA ROAD, AMRITSAR. 143001

B.O: 15 Pandori Warraich, Majitha Road, Amritsar, 143008

Tel. : 0183-5058281 email : sanil@medicaent.in, accounts@medicaent.in

Drug Licence No. : PB-AS3-100552, PB-AS3-100553

MSME NO:-UDYAM-PB-01-0001852, Category Small-Services

Invoice No. : ME/24-25/1819  
 Dated : 09-10-2024  
 Place of Supply : Delhi (07)  
 Reverse Charge : N  
 GR/RR No. :  
 Transport : Vehicle  
 Vehicle No. : PB46J9724

Station : Amritsar  
 E-Way Bill No. :  
 PO No. : 120-102024-27923  
 PO Dt. : 4-10-2024  
 Pmt Term : ON DILEVERY  
 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 Road, 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.	BC25 HAEMO.FLUID (PART A+B) PART B -200 PKT	30049099	100.00	Pcs.	220.00	12.00 %	2,640.00	24,640.00
2.	BC27 HAEMO.FLUID (PART A+B) K-Free PART B -100 PKT	30049099	50.00	Pcs	220.00	12.00 %	1,320.00	12,320.00
<b>Grand Total</b>								<b>36,960.00</b>

17  
09/10/24



Boxes Received A+part 100x50  
 Part-B 300 PKT  
 Subject to Physical Check  
 Name/Employee Code V. Jay Laxmi/DC02507  
 Centre Name Nayyar Hospital  
 Date/Time 9/10/24 15 pm  
 Signature [Signature] M. No. 8595955923

Tax Rate	Taxable Amt	IGST Amt	Total Tax
12%	33,000.00	3,960.00	3,960.00

**Rs. Thirty Six Thousand Nine Hundred Sixty Only**

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

**Terms & Conditions**

E. &amp; O. E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.
- Subject to 'Amritsar' Jurisdiction only.
- Payment will be cleared with 30 Days.

Receiver's Signature :

Prepare by

For Medica Enterprises

Authorized Signatory

