

ORIGINAL

TAX INVOICE

581

Invoice No. : 22/10/2024  
Invoice Date : 21/11/2024  
Due Date :  
P.O. No. : 231-102024-27822



BD WEAVES  
6, SAMMAN BAZAR JANGPURA  
BHOGAL NEW DELHI 110014, Delhi,  
GSTIN : 07AREPB3489M1ZH  
Mobile : 9899895181  
Email : gurpreet079@gmail.com

BILL TO

Dc Dc Health Services Mayapuri Industrial Area  
Phase 2  
GSTIN : 07AAAFCD0204K1Z1  
State : Delhi

SHIP TO

Dc Dc Health Services Mayapuri Industrial Area  
Phase 2  
Nhs hospital, Jalandhar, 144008

S.NO.	ITEMS	HSN	QTY.	RATE	TAX	AMOUNT
1	BLUE BEDSHEET [54*90] <i>20+100 pcs ✓</i>	6302	100 PCS	170	850 (5%)	17,850
2	CJT SHEET [27*18]	6303	25 PCS	35	43.75 (5%)	918.75
3	BLUE PILLOW COVER[27.6*18.6]	9404	50 PCS	42	105 (5%)	2,205
4	BLUE BLANKET NAVY	63014000	10 PCS	400	200 (5%)	4,200

SUBTOTAL

185 ₹ 1,198.75 ₹ 25,173.75

TERMS AND CONDITIONS

- Goods once sold will not be taken back or exchanged
- All disputes are subject to DELHI jurisdiction only

TAXABLE AMOUNT ₹ 23,975  
CGST @2.5% ₹ 599.38  
SGST @2.5% ₹ 599.38

TOTAL AMOUNT ₹ 25,173.75

Received Amount ₹ 0

BANK DETAILS

Name: BD WEAVES  
IFSC Code: JAKA00BHOGAL  
Account No: 0409010100000771  
Bank: Jammu and Kashmir Bank  
BHOGAL DELHI

Total Amount (In words)  
Twenty Five Thousand One Hundred Seventy  
Three Rupees and Seventy Five Paise

Signature ..... M. No. ....  
Date/Time .....  
Centre Name .....  
Name/Employee Code .....  
Subject to Physical Check  
Stock/No. of Boxes Received .....

*G. Bhandra*  
Authorised Signature for  
BD WEAVES

Stock/No. of Boxes Received *4 boxes*  
Subject to Physical Check  
Name/Employee Code *Mandeel kaur*  
Centre Name *NHS Hospital*  
Date/Time *21/11/24 5pm*  
Signature *[Signature]* M. No. *7340734630*