

TAX INVOICE

(TRIPLICATE FOR SUPPLIER)

INDIA BIO-MEDICAL PRIVATE LIMITED
 Regd. Office: 740 & 741, Lake Town Block-A, Kolkata-700007
 Head Office: No. Ramkrishana Soorki Mill
 FACTORY: 1, Bishnupur, D.H. Road, 24 PGN 700104
 VIII Pailan P.S. 40630559 / 25349388
 Ph. Office: 033 40630559 / 25349388
 Ph. Office: 19AAACI7241L1ZB
 GSTIN/UIN: West Bengal, Code : 19
 State Name :
 CIN: U24294WB2000PTC091682
 E-Mail : sanjiv_ibmpvtltd@gmail.com

Invoice No. IBM/2340/22-23	Dated 26-Dec-22
Delivery Note	
Reference No. & Date.	Other References
Buyer's Order No. 39-122022-21053-4	Dated 8-Dec-22
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Consignee (Ship to)
DCDC HEALTHCARE SERVICES PVT LTD
 B-22, NEW MULTAN NAGAR, NEW DELHI-110056
 Phone No-8527943726/9873471008
 State Name : Delhi, Code : 07

Buyer (Bill to)
CDC HEALTHCARE SERVICES PVT LTD
 22, NEW MULTAN NAGAR, NEW DELHI-110056
 Phone No-8527943726/9873471008
 State Name : Delhi, Code : 07

Description of Goods	HSN/SAC	GST Rate	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
INDUCER PROTECTORS Match: 2204100695 Expiry: 19-Sep-25	901890	12 %	30.00/PCS.	1,000 PCS. 1,000 PCS.	8.00	PCS.		8,000.00
IGST								960.00
Total				1,000 PCS.				8,960.00 Rs.

DCDC HEALTHCARE CENTRE RUBY GENERAL HOSPITAL, KOLKATA
MATERIAL RECEIVED
 DATE: 26/12/2022
 TIME: RECEIVED BY: *Majhi*

Chargeable (in words) **Eight thousand Nine Hundred Sixty INR Only** E. & O.E

HSN/SAC	Taxable Value	Integrated Tax Rate	Integrated Tax Amount	Total Tax Amount
		8,000.00	12%	960.00
Total	8,000.00		960.00	960.00

Total (in words) : **Nine Hundred Sixty INR Only**
 Buyer's PAN : AAACI7241L

Declaration
 (I/We) No.9572 SW, 9396 SBW) ()
 MANUFACTURING LICENCE- DL. No. 1611M)
 1. We declare that this invoice shows the actual price of
 the goods described & that all particulars are true.
 2. Interest will be charge @ 24% PA after 30 days.
 3. The entire responsibility for any breakage & shortage
 in transit lie with the buyer. 4. Goods once sold shall not be accepted back

Company's Bank Details
 Bank Name : **PUNJAB NATIONAL BANK**
 A/c No. : **0084250201551**
 Branch & IFS Code: **KOLKATA & PUNB0008420**
 for **INDIA BIO-MEDICAL PRIVATE LIMITED**

Customer's Seal and Signature _____
 Authorised Signatory *[Signature]*

SUBJECT TO KOLKATA JURISDICTION
 This is a Computer Generated Invoice