

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**

First Floor, Cycle Mkt,  
Jhandewalan Extension,  
New Delhi-110 055  
9811118228  
AAECG9710C  
DL Number-DL-MTM-145471 DT 22.06.2021  
GSTIN/UIN: 07AAECG9710C1ZV  
State Name : Delhi, Code : 07  
CIN: U85100DL2011PTC227049  
E-Mail : vivek@gautamhealthcare.com

Invoice No. <b>GST/2324/1076</b>	e-Way Bill No. <b>741391729388</b>	Dated <b>21-Dec-23</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>	
Reference No. & Date.	Other References	
Buyer's Order No. <b>87-122023-24495</b>	Dated <b>7-Dec-23</b>	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	

Consignee (Ship to)

**DCDC Health Services Private Limited**  
District Hospital, Lakhimpur Khiri  
District Hospital, Lakhimpur Khiri, Near T.B ward Hospital road,  
Dist, Police line, Lakhimpur, Uttar pradesh 262701.  
Contact No : 6393323652  
State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)

**DCDC Health Services Private Limited**  
C-185,Maypuri Industrial Area  
Phase-II  
Mayapuri  
New Delhi-110064  
State Name : Delhi, Code : 07

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Hollow Fibre Dialyser B1.4P</b> Batch : 2303102382 Expiry : 31-May-24	90189031	<b>216 pcs</b> 216 pcs	307.00	pcs	<b>66,312.00</b>
						<b>1,657.80</b>
						<b>1,657.80</b>
						<b>0.40</b>
						<b>CGST</b>
						<b>SGST</b>
						<b>Round Off</b>
						<b>69,628.00 ₹</b>
Total			<b>216 pcs</b>			

Stock/No. of Boxes Received *09 Box*  
Subject to Physical Check  
Name/Employee Code *Shubham Verma / DC02360*  
Centre Name *L.P.L.*  
Date/Time *30/12/23 / 09:03 PM*  
Signature *[Signature]* M. No. *8318242410*

*RV*

Amount Chargeable (in words)

**Sixty-Nine Thousand Six Hundred Twenty Eight INR Only**

E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	66,312.00	2.50%	1,657.80	2.50%	1,657.80	3,315.60
<b>Total</b>	<b>66,312.00</b>		<b>1,657.80</b>		<b>1,657.80</b>	<b>3,315.60</b>

Tax Amount (in words) : **Three Thousand Three Hundred Fifteen INR and Sixty Only**

Company's Bank Details

A/c Holder's Name: **Gautam Healthcare Private Limited**  
Bank Name : **Axis Bank Limited**  
A/c No. : **917020076226068**

Branch & IFS Code: **Jhandewalan Extension & UTIB0000738**

for Gautam Healthcare Private Limited

Company's PAN : **AAECG9710C**

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

