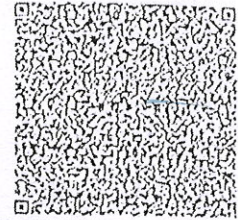


Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : c050622ad67589e0020d9905802471d4d7cnd5-1c12a7dafbc168921e17b30105
 Ack No. : 172211453989480
 Ack Date : 12-Jul-22

Consignee (Ship to) Civil Hospital Panipat Old Housing Board Colony, Sukhdev Nagar, Panipat, Haryana, 132103 MOB. 8506000689 State Name : Haryana, Code : 06 Buyer (Bill to) DCDC Health Services Private Limited C-185, First Floor, Mayapuri Industrial Area phase-II, Mayapuri, Delhi-110064 MOB. 8500000550 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07	Invoice No. DL/22-23/02789	Dated 3-Jun-22
	Delivery Note	Mode/Terms of Payment 45 Days
Consignor (Ship from) DCDC Health Services Private Limited C-185, First Floor, Mayapuri Industrial Area phase-II, Mayapuri, Delhi-110064 MOB. 8500000550 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07	Reference No. & Date. DL/22-23/02789 dt. 3-Jun-22	Buyer's Order No. 63-052022-17245-2
	Dispatch Doc No.	Dispatch Date 21-May-22
Dispatched through		Destination PANIPAT
Terms of Delivery <p style="text-align: center; font-size: 2em; font-weight: bold;">21227</p>		

Sl No.	Description of Goods	HSN/SAC	GST Rate	MRP/Marginal	Quantity	Rate	per	Disc. %	Amount
1	HEPARIN 5000IU 5ML INJ. Batch: AE05 Exp: 06/24	30019091	12%	339.00/PCS	75 PCS 75 PCS	150.00	PCS		11,250.00
	Output CGST								675.00
	Output SGST								675.00
Total					75 PCS				Rs. 12,600.00

DCDCHSPL CENTRE-CIVIL HOSPITAL, PANIPAT
 MATERIAL RECEIVED
 DATE: 19-12-2022
 2:35 PM RECEIVED BY *P. Singh*

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
30019091	11,250.00	6%	675.00	6%	675.00	1,350.00
Total	11,250.00		675.00		675.00	1,350.00

Tax Amount (in words) : **INR One Thousand Three Hundred Fifty Only**

Company's PAN : **AAFCB5524J**
 Declaration: This invoice shows the actual price of the goods and all particulars are true and correct.
 Terms & Conditions:
 1) We are a Manufacturer.
 2) Goods once delivered, will be on a "Cash on Delivery" basis.
 3) If due amount is not paid as per agreed payment terms, we reserve the right to charge at 18% per month for delayed payment.
 4) Most warranty service of medical equipment or machinery shall be at the sole responsibility of the buyer or its authorized agent.
 5) Seller shall be responsible for any warranty or liabilities.

Company's Bank Details
 Ac Holder's Name : Boston Ivy Healthcare Solutions Pvt Ltd
 Bank Name : ICICI BANK LTD,
 Ac No. : 001105031480
 Branch & IFS Code : Waterfield Road, W, Mumbai & ICIC0000038
 SWIFT Code :
 for Boston Ivy Healthcare Solutions Pvt Ltd

Prepared by _____ Verified by _____ Authorized Signatory _____

Note: Payment is to be made

This is a Computer Generated Invoice

Golds