

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**  
 248, First Floor, Cycle Mkt,  
 Jhandewalan Extension,  
 New Delhi-110 055  
 9811116228  
 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

Consignee (Ship to)  
**DCDC Health Services Private Limited**  
 DCDC Kidney Care-Moti Nagar  
 H-1,Kailash Park, Near Moti Nagar Metro Station , Pillar  
 No-330, 110015  
 Contact No : 8840000500  
 State Name : Delhi, Code : 07

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

Invoice No. GST/2324/1118	e-Way Bill No.	Dated <b>28-Dec-23</b>
Delivery Note		Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.		Other References
Buyer's Order No. <b>100-122023-24664-1</b>		Dated <b>22-Dec-23</b>
Dispatch Doc No.		Delivery Note Date
Dispatched through		Destination
Terms of Delivery		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>OCI-HD140L</b> Batch : 230852 Expiry : 26-May-26	90189031	<b>840 pcs</b> 840 pcs	295.00	pcs	<b>2,47,800.00</b>
						<b>CGST 6,195.00</b>
						<b>SGST 6,195.00</b>
<b>Total</b>			<b>840 pcs</b>			<b>2,60,190.00 ₹</b>

Stock/No. of Boxes Received ..... *85 Box*  
 Subject to Physical Check  
 Name/Employee Code ..... *D.01099*  
 Centre Name ..... *DCDC Moti Nagar*  
 Date/Time ..... *28/12/23*  
 Signature ..... *[Signature]* M. No. .... *8051255839*

Amount Chargeable (in words) **Two Lakh Sixty Thousand One Hundred Ninety INR Only** E. & O E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	2,47,800.00	2.50%	6,195.00	2.50%	6,195.00	12,390.00
<b>Total</b>	<b>2,47,800.00</b>		<b>6,195.00</b>		<b>6,195.00</b>	<b>12,390.00</b>

Tax Amount (in words) : **Twelve Thousand Three Hundred Ninety INR Only**

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.

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  
 Delhi  
 Authorised Signatory

This is a Computer Generated Invoice