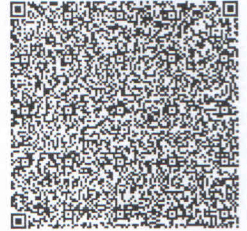


Tax Invoice

Printed on 12-Apr-24 at 14:05
(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : b94ace2148fb2a459ea51394f89e372acd4f7-35292f1bcb6fdb9584b713f60a8
Ack No. : 112419917325010
Ack Date : 12-Apr-24

<p>SAP MEDICALS PVT. LTD. (2023-2024) D.No.9-4-86/194,Salarjung Colony,Tolichowki, Hyderabad Dist, Tolichowki(V), Mehdiapatnam(M), Hyderabad(Dist)-500008 Licence No:-536/HD1/AP/2009 GSTIN/UIN: 36AAMCS4547H1ZZ State Name : Telangana, Code : 36 CIN: U24234AP2008PTC061380 E-Mail : sapmedicals@yahoo.com</p>	Invoice No. SAP/132/2024-25	Dated 12-Apr-24
	Delivery Note	Mode/Terms of Payment 90 DAYS
	Reference No. & Date.	Other References
	Buyer's Order No. 144-042024-25760	Dated 5-Apr-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination NARSAMPET
Consignee (Ship to) DCDC Kidney Care DCDC Health Services Pvt.Ltd. CHC Narsampet, Govt Hospital, Near Police Station, Dist Warangal, Narsampet-506132 Ph:9502696731. GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07		
Buyer (Bill to) DCDC Kidney Care DCDC Health Services Pvt.Ltd. C-185, Mayapuri Industrial Area, Phase - II, Mayapuri -110064 New Delhi GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07		
Terms of Delivery <p style="text-align: center;"><i>Srinivas Sunil</i> @ 179863669 9502696731</p>		

Sl No.	Description of Goods	HSN/SAC	Mfg By	Batch No.	Mfg Date	Expiry Date	Quantity	Rate	Disc. %	Amount
1	Oasis Dry Citrate Dialysate Part - A 50 Ltrs Mix	30049032	Oasis	2403A001	1-Mar-24	31-Mar-26	50 Pkts	800.00		40,000.00
2	Oasis Dry Citrate Dialysate Part B - 50 Ltrs Mix	62103090	OASIS	2403B001	1-Mar-24	31-Mar-26	100 Pkts			40,000.00
	IGST									4,800.00
Total							150 Pkts			₹ 44,800.00

Amount Chargeable (in words) **INR Forty Four Thousand Eight Hundred Only** E. & O.E

Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
40,000.00	12%	4,800.00	4,800.00
Total: 40,000.00		4,800.00	4,800.00

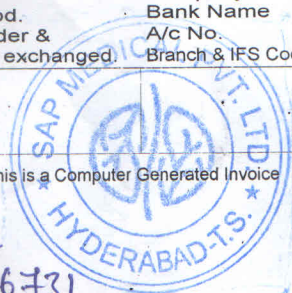
Tax Amount (in words) : **INR Four Thousand Eight Hundred Only**
Company's PAN : AAMCS4547H

Declaration
 (1) DL No.536/HD1/AP/2009.
 (2) We heré certify that the goods supplied against this invoice do not contravene section (18) of Drug, Act 1940.
 (3) Subject to Hyderabad Jurisdiction only.
 (4) Interest @24% PA will be charged after credit period.
 (5) Receive the above mentioned materials in good order & Condition (6) Good once sold will not be taken back or exchanged.

Company's Bank Details
 Bank Name : ICICI Bank (112405500156)
 A/c No. : 112405500156
 Branch & IFS Code: Tolichowki & ICIC0001124

Customer's Seal and Signature _____ for SAP MEDICALS PVT. LTD. (2023-2024)
 Authorised Signatory *[Signature]*

Stock/No. of Boxes Received *25 BOX*
 Subject to Physical Check
 Name/Employee Code *K.S. Sunil*
 Centre Name *Narsampet*
 Date/Time *11:30 PM 12/04/24*
 Signature *Sunil* M. No. *9502696731*



This is a Computer Generated Invoice