

E-mail : ccflogistic@outlook.com, csd.ccf@outlook.com

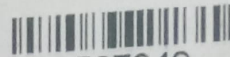


PAN No. AALFC0369B

GST NO. 09AALFC0369B1ZN

DOMESTIC	
DOX	NON-DOX

MODE OF TRANSPORTATION	
AIR	ROAD



0587949

AWB No.

CCF LOGISTICS SERVICES LLP

ORIGIN BIB DESTINATION D.L DATE 11/9/24

SHIPPER
Poly medicare
M. No. [] [] [] [] [] [] [] [] [] []
L.S.T./C.S.T./TIN No. [] [] [] [] [] [] [] [] [] []

CONSIGNEE
DCDC Health Service
N. Delhi - 110015
M. No. [] [] [] [] [] [] [] [] [] []
L.S.T./C.S.T./TIN No. [] [] [] [] [] [] [] [] [] []

CHARGES	AMOUNT Rupees
Freight	
Fuel Charge	
AWB Charge	
FOV Charge	
COD Charge	
ODA Charge	
Other Charge	
SUB-TOTAL	
GST NO	
Grand Total	
GRAND TOTAL	

NO. OF PCS.	PACKING	CONTENTS - DESCRIPTION (SAID TO CONTAIN)	DIMENSIONS (Cms) Length x Width x Height	ACTUAL WEIGHT	CHARGED WEIGHT
10-Box		<u>2415107397</u>	<u>11x17x11</u>	<u>74kg</u>	

Liability for any loss or damage to the shipment is to the extent of Rs. 100/- only. All disputes are subject to jurisdiction of Delhi courts only.
This is a non-negotiable Consignment Note. I hereby declare:
(1) That this consignment does not contain currency notes, jewellery, contraband, explosives etc.
(2) That I have read the terms & conditions of carriage as given on reverse of the Shipper's Copy of Consignment Note and abide by the same.
SENDER'S NAME
SIGNATURE

VALUE OF CONSIGNMENT	CASH	TO-PAY	Octroi will be Borne by :
Rs. <u>71,307/-</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consignor <input type="checkbox"/> Consignee <input type="checkbox"/>
CREDIT	COD		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		

RECEIVED IN GOOD CONDITION
NAME
STAMP
DATE
SIGNATURE

Special Instruction / Remarks

RUPEES IN WORDS
Received by : CCF LOGISTICS SERVICES LLP
SIGNATURE
DATE..... TIME.....

Warehouse Address : Khasra No. 107/1 Guldhar Vardaan Hospital Road, Ghaziabad Pin 201001 • Website : www.ccflogistic.com C. S. D. : 9811933545, 9311022545, 8287210545

TCS @0.1%	71.24
Rounding Off	0.44
Grand Total (In INR in Words): Rupees Seventy One Thousand Three Hundred Seven Only	Grand Total (INR) 71,307.00

Remarks: Whether tax is payable on reverse charge: NO
PO No.: 100-082024-26933 email dt, 05.08.24/00.00.0000
Sale Order No.: 1010241487/06.08.2024
Del No.: 8110241642/31.08.24

Certified that the Particulars stated above are true and correct and the price indicated represents the price actually charged and there is no flow of additional consideration directly or indirectly from the buyer.
Terms & Conditions
1. Interest @ 15% will be charged if payments are made after the due date.
2. GST will be applicable on Interest & Penalty for delayed payment.
3. Goods are insured under Marine Cargo open Policy.
4. Goods once sold will not be taken back.
5. All disputes are subject to Faridabad jurisdiction only.

Stock/No. of Boxes Received 10
Subject to Physical Check
Name/Employee Code
Centre Name Maha Noida
Date/Time 11.9.24 M. No. D.114.7557096
Signature Mamta

Prepared By Chetan Kumar Chaudhary Checked By [Signature]
For Poly Medicare Limited
Authorised Signatory

Regd Office: 232B, 3rd FLOOR, OKHLA INDUSTRIAL ESTATE PHASE - III, NEW DELHI - 110020, INDIA
Phones: 011-26321838,33550700 Fax:26321894/39 Email: customercare@polymedicure.com, info@polymedicure.com Website: www.polymedicure.com

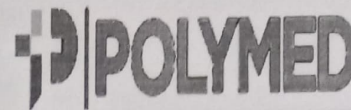
Tax Invoice

(U/S 31 read with Rule 46)

F/FG/5.01 REV NO. -02

Original for buyer

Polymed Limited
 PLOT NO. 33-34, Sector 68, IMT
 Faridabad Haryana, India , 121004
 Phones: 01293355070 Fax: N/A
 Email: plant@polymedicure.com
 Mfg Drug License No.:MFG/MD/2018/000032, MFG/MD/2020/000183
 Whole sale Drug License No : RLF21B2023HR000464/20B2023HR000470



PAN No.: AAACP3891P CIN No.: L40300DL1995PLC066923
 GSTIN: 06AAACP3891P1ZV State Code : 06 - Haryana

Customer Purchase Order No./Date: SHOW BELOW ↓

Invoice No & Date : 2415107397 / 31.08.2024

Name & Address of Customer/Bill to
1102593
 M/s. DCDC Health Services Pvt. Ltd.
 C-185, 1st Floor, Mayapuri Industrial Area, Phase-II, New Delhi 110064 , Delhi (India)
 TEL No. 01145581006 , 8506005916 Email: scm@dcdc.co.in
 Drug Lic:N/A 31.12.9999
 GSTIN:07AAFCD0204K1Z1 PAN:AAFCD0204K

Consignee/Ship To **1500779**
 M/s. DCDC Health Service Pvt. Ltd
 DCDC Kidney Care-Kalra H-I,Kailash Park, Pillar No-330, Near Moti Nagar
 Matro Station, New Delhi 110015 , Delhi (India)
 TEL No. 8368219908 , Email:
 Drug Lic:N/A 31.12.9999
 GSTIN: PAN:
 State Code: 07 - Delhi

Payment Terms: Payment Due in 120 Days
 Delivery Terms: FOR Delhi
 Sales Order : SHOW BELOW ↓
 Del. No. : SHOW BELOW ↓
 Payment Method : Normal Sales

Place of Supply : 07 - Delhi
 Date of Issue of Invoice : 31.08.2024
 Mode of Tpt & Vehicle No.: BY ROAD /
 Transporter : CCF LOGISTICS SERVICES LLP

Bank Detail: STATE BANK OF INDIA
 SME BRANCH, FARIDABAD
 A/C NO. 10410101725
 IFSC CODE# - SBIN0009950

G.R/L.R. No./ Date: 587949



Scan & Pay Using Any UPI App to UPI ID : polymed@sbi

IRN : 8372610cf85f47b24be21c5d0f2e52dbc4efa6d086c1b64b277da59adfc095ee

S.No	Description of Goods	HSN Code	No. of Pkg	Quantity NO (s)	Rate/Unit INR	Taxable Value	IGST Rate(%)	IGST Amount
1	HAEMOFLUX LFP 130 ME PC PML-D B/No.8404724H[Mfg:2024-08,Exp:2027-07]280,	90189031	10	280.00	242.3000	67,844.00	5	3,392.20
TOTAL						67,844.00		3,392.20
						Taxable Value		67,844.00
IGST: (INR) Rupees Three Thousand Three Hundred Ninety Two And Twenty Paise Only						IGST TCS	@0.1%	71.24
						Rounding Off		0.44
Grand Total (In INR in Words): Rupees Seventy One Thousand Three Hundred Seven Only						Grand Total (INR)		71,307.00

Remarks: Whether tax is payable on reverse charge: NO

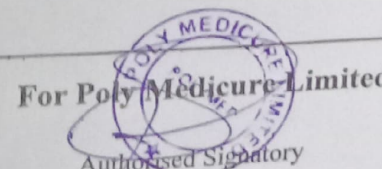
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- All disputes are subject to Faridabad jurisdiction only.

Stock/No. of Boxes Received 10
 Subject to Physical Check
 Name/Employee Code 10 boxes, Momba, 8/26/24
 Centre Name
 Date/Time 31.08.24
 Signature M. No. D.114.755 2096



Prepared By Chetan Kumar Chaudhary

Checked By