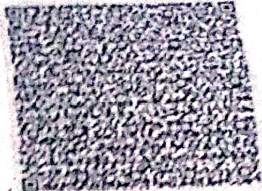


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 93195f79ee58b0377a7ee1ea85b3e7bba4348a-2742e6eb1267de32a38a184de7
 Ack No. : 182314438241717
 Ack Date : 19-Sep-23

ARIVATION HEALTHCARE PRIVATE LIMITED
 Site Office: 16/24 Dr. Suresh Chandra Banerjee Road
 KOLKATA Kolkata WB
 KOLKATA-700010
 GSTIN/UIN: 19AASCA6131H1ZF
 State Name : West Bengal, Code : 19
 Contact : 6289556902,9836667979
 E-Mail : arivationhealthcare@gmail.com
 www.arivation.com

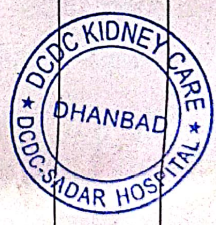
Invoice No. e-Way Bill No.	Dated
AHPL/2324/251 881345238141	19-Sep-23
Delivery Note	Mode/Terms of Payment
	30 DAYS
Reference No. & Date.	Other References
Buyer's Order No.	Dated
69-092023-23723	6-Sep-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
SAFEXPRESS	DHANBAD
Bill of Lading/LR-RR No.	Motor Vehicle No.
dt. 19-Sep-23	GJ31T4517
Terms of Delivery	

Consignee (Ship to)
DCDC Health Service Pvt. Ltd.
 Sadar Hospital Dhanbad, SADAR
 HOSPITAL, NEAR COURT, DHANBAD-826001, Contact No : 9504172351
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Jharkhand, Code : 20

Buyer (Bill to)
DCDC Health Service Pvt. Ltd.
 C-185, Mayapuri Industrial Area phase- 2,
 Mayapuri, New Delhi-110064
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07
 Place of Supply : Delhi

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2) Batch : DC2324225 Expiry: 31-Aug-25 Batch : DC2324230 Expiry: 31-Aug-25	30049032	600 Pcs 440 Pcs 160 Pcs	169.00	Pcs		1,01,400.00
	Igst Output						12,168.00
	Total		600 Pcs				1,13,568.00

Stock/No. of Boxes Received 120
 Subject to Physical Check
 Name/Employer Code DCDC 814
 Centre Name Sadar Hospital Dh
 Date/Time 19/09/23
 Signature M. No. 9504172351



Amount Chargeable (in words) **Indian Rupees One Lakh Thirteen Thousand Five Hundred Sixty Eight Only** E. & O.E

Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
1,01,400.00	12%	12,168.00	12,168.00
Total: 1,01,400.00		12,168.00	12,168.00

Tax Amount (in words) : **Indian Rupees Twelve Thousand One Hundred Sixty Eight Only**

Declaration
 DL No: WB/KOL/NBO/W/320645 & WB/KOL/BO/W/320645
 MSME UAM No. WB10D0023343
 Interest @24% PA will be charged after credit period
 Goods once sold will not be taken back or exchanged

Company's Bank Details
 A/c Holder's Name: ARIVATION HEALTHCARE PRIVATE LIMITED
 Bank Name : Union Bank of India
 A/c No. : 015225010000001
 Branch & IFS Code : Dharmatolla Branch & UBIN0901521
 SWIFT Code : UBININBB0CL

Customer's Seal and Signature _____ for ARIVATION HEALTHCARE PRIVATE LIMITED

Authorized Signatory

SUBJECT TO KOLKATA JURISDICTION
 PROFORMA INVOICE

