

# AINS Enterprises

Ground floor Dainik agradoot press building, Rajbandha maidan, Raipur 492001 C.G

GSTIN: ZC5VPK2812F1ZT  
E-Mail: ainsenterprises929@gmail.com  
Phone: 9713570890

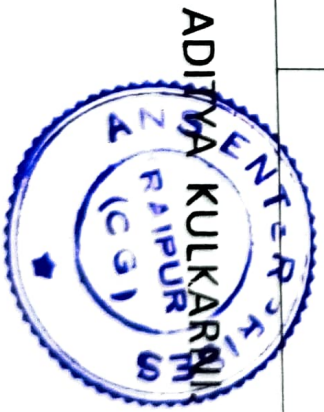
Date .....

## Delivery Challan

To  
DCDC HEALTH SERVICES PVT. LTD  
@ WY HOSPITAL, KAMAL VIHAR, RAIPUR C.G

11/12/2024

S.no	Product Details	Quantity
1.	HEMODIALYSIS SOLUTION SECURE PRO PART A & PART B Batch :- Expiry :-	PART A – 250 PC PART B – 500 PC



# Tax Invoice

**ANS ENTERPRISES**

Ground Floor Dainik Agradoot Press, RAIPUR C.G 492001  
 GSTIN/UIN: 22CSVPK2812F1ZT  
 State Name : RAIPUR (C.G), Code : 22  
 E-Mail : [ansenterprises929@gmail.com](mailto:ansenterprises929@gmail.com)  
 Mobile no - 9713570890.

Invoice No.  
**ANS 2023-2024/ 288**  
 Delivery Note  
 Supplier's Ref.

Dated  
**11/12/2023**  
 Mode/Terms of Payment  
 100 % ADVANCE  
 E-WAY BILL NO :

**BILL TO :**

**M/S DCDC HEALTH SERVICES PVT. LTD**  
 C-185, FIRST FLOOR, MAYAPURI INDUSTRIAL AREA PHASE 2  
 MAYAPURI, NEW DELHI 110064  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : NEW DELHI, Code : 07

Buyer's Order No.  
**155-122023-24399-8**  
 Despatch Document No.

Dated  
**11/12/2023**  
 Delivery Note Date  
 Delivery at VY HOSPITAL

Despatched through :  
 Metador

Destination  
 Raipur

Terms of Delivery

*DCDC copy*

**SHIP TO :**

DCDC HEALTH SERVICES PVT. LTD  
 @ VY HOSPITAL, KAMAL VIHAR,  
 NEW DHAMTARI ROAD, DUNDA 492001  
 MO NO :- 9050092608

S.NO	Description of goods	HSN	GST RATE	QUANTITY	RATE	PER	AMOUNT GST INCLUSIVE
1.	<b>Heamodialysis Part A</b> Batch : IDA23004 Expiry : AUG 2025	90189031	12%	150	205.00	Pcs	30750.00 ✓
2.	<b>Heamodialysis Part A</b> Batch : IDA23003 Expiry : AUG 2025	90189031	12%	100	205.00	Pcs	20500.00 ✓
3.	<b>Heamodialysis Part B</b> Batch : IDB23003 Expiry : AUG 2025	30049032	12%	300	20.00	Pcs	6000.00 ✓
4.	<b>Heamodialysis Part B</b> Batch : IDB23004 Expiry : AUG 2025	30049032	12%	200	20.00	Pcs	4000.00 ✓
<b>TAX PAYABLE</b>							
<b>IGST:</b>							
<b>ROUND OFF:</b>							
<b>TOTAL</b>							<b>750 PCS</b>
							<b>68600.00</b>

Amount Chargeable (in words)

**Indian Rupees Sixty eight Thousand six hundred rupees only.**

E. & O.E

**Declaration :-**

- Goods once sold will not be taken back
- Interest @ 30% shall be charged for the period of delay in payment
- Payment should be made in favour of ANS ENTERPRISES payable at Raipur.
- Responsibility of warranty/ guarantee if any, lie with the product manufactures.

Received the material in acceptance condition & agreed to all the terms & condition above.

**Company's bank details**

Account holder's name : ANS ENTERPRISES  
 Bank name : INDUSIND BANK  
 Account number : 20100230079  
 Branch & IFSC : Shankar Nagar & INDB 0000758

Customer's Seal & Signature.



SUBJECT TO RAIPUR JURISDICTION

This is a Computer Generated Invoice

FOR, ANS ENTERPRISES  
**ANS ENTERPRISES**  
 MSME Reg. No. -  
 UDYAM -CG-14-0012313  
 Udyog Aadhar Memorandum No.  
 CG14D0012030

# DCDC | DCDC KIDNEY CARE

DCDC Health Service Pvt. Ltd.  
C-185, Mayapuri Industrial Area phase- 2  
Mayapuri, New Delhi-110064  
CIN No. - U85190DL2014PTC265804

## PURCHASE ORDER

P.O No. : 155-122023-24399-8

P.O Date : 11-12-2023

### Supplier Detail:

**ANS Enterprises**  
Ground Floor, Dainik Agradut Press building  
infront of Udaan IAS academy Rajbandha maidan  
Contact No : 9713570890

### Delivery Centre Detail:

**DCDC Health Service Pvt. Ltd. @**  
VY Hospital  
Kamal Vihar, Near Sector 12, New  
Dhamtari Rd, Dunda, 492001  
Contact No : 9050092608

Sr.	Item Name	Qty	Rate	GST %	Amount
1.	FLUID PART A WITH BICARB (10 ltr)	250	245	12	68,600.00
<b>Total Amount</b>					<b>68,600.00</b>

#### TERMS AND CONDITIONS

1. PURCHASE ORDER NO. SHOULD BE MENTIONED IN ALL INVOICES/DELIVERY CHALLANS.
2. INVOICE COPY SHOULD BE SUBMITTED ALONG WITH DELIVERY PROOF IN H.O
3. PURCHASE ORDER IS VALIDATE TILL 40 DAYS FROM PURCHASE ORDER DATE.
4. KINDLY SEND US THE CONFIRMATION OF RECEIVED ORDER.
5. THE VENDOR AGREES TO BE HELD RESPONSIBLE FOR ALL CLAIMS ON ACCOUNT OF INFERIOR QUALITY ITEMS OR ITEM SUPPLIED OTHER THAN SPECIFICATION MENTIONED ON THE PURCHASE ORDER.
6. MATERIAL SHOULD BE DELIVERED TO CENTRES DURING WORKING DAYS FROM 10:00AM TO 05:00PM

**Important: Kindly send scanned copy of invoice on [scm@dcdc.co.in](mailto:scm@dcdc.co.in) on the date of dispatch.**

**+91-11-45581006**

**[www.dcdc.co.in](http://www.dcdc.co.in)**

**[Info@dcdc.co.in](mailto:Info@dcdc.co.in)**

**Note : Electronically generated document no signature required.**