

Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 6c275c027c49940e22de622cfdcddeb2567f9b9-  
5a1d5e968232ec50b712ef3004  
Ack No. : 182314509934133  
Ack Date : 29-Sep-23

	<b>ARIVATION HEALTHCARE PRIVATE LIMITED</b> 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.	Dated
		AHPL/2324/273 Delivery Note	29-Sep-23
		Reference No. & Date.	Mode/Terms of Payment
			30 DAYS
		Buyer's Order No.	Other References
		P.O No. : 50-092023-23625	Dated
		Dispatch Doc No.	6-Sep-23
		Dispatched through	Delivery Note Date
		DELHIVERY	Destination
		Bill of Lading/LR-RR No.	Jagadhari
		dt. 29-Sep-23	Motor Vehicle No.
		Terms of Delivery	WB23F2662

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 Civil Hospital JagadhariL Vishnu Garden,  
 Near Government Rest House Jagadhari ( Yamunanagar), haryana-135003; Contact No : 8506000536  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Haryana, Code : 06

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 : Haryana

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Cartridge Filter 20" Jumbo Wound Big Blue Filter 20"x4"	84219900	12 Pcs	300.00	Pcs		3,600.00
	IGST Output						648.00
Total			12 Pcs				4,248.00

Stock/No. of Boxes Received 1  
 Subject to Physical Check Yes  
 Name/Employee Code Inyanka Das 1938  
 Centre Name C.H. Jagadhari  
 Date/Time 4.10.23  
 Signature Inyanka M. No. 8506000536

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

Taxable Value	IGST		Total Tax Amount
	Rate	Amount	
3,600.00	18%	648.00	648.00
<b>Total:</b> 3,600.00		<b>648.00</b>	<b>648.00</b>

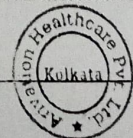
Tax Amount (in words) : **Indian Rupees Six Hundred Forty Eight Only**

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 : **UEININBBOCL**

Customer's Seal and Signature

for ARIVATION HEALTHCARE PRIVATE LIMITED



*Inyanka*  
 Authorised Signatory