

Tax Invoice Cum Delivery Challan

e-Invoice



IRN : dc0d0548d816102ed1b96268dcaa44f013e3d58cf88b3b-0c77bc05b1022fc785
 Ack No. : 182415470247649
 Ack Date : 8-Feb-24

 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	Invoice No.	Dated
	AHPL/2324/458	8-Feb-24
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	30 DAYS
Buyer's Order No.	Dated	Other References
42-022024-25077	7-Feb-24	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	
SAFEXPRESS	UNA	
Vessel/Flight No.	Place of receipt by shipper.	
City/Port of Loading	City/Port of Discharge	
	Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2) Batch : DC2324401 Expiry : 31-Jan-26 Batch : DC2324402 Expiry : 31-Jan-26	30049032	150 Pcs	169.00	Pcs		25,350.00
			50 Pcs				
			100 Pcs				
	Igst Output DCDCHSPL CENTRE-REGIONAL HOSPITAL, UNA MATERIAL RECEIVED DATE 12/2/24 TIME 3:30 P.M. RECEIVED BY						3,042.00
	Total		150 Pcs				₹ 28,392.00

Amount Chargeable (in words)
 Indian Rupees Twenty Eight Thousand Three Hundred
 Ninety Two 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 : UBININBBCL

for ARIVATION HEALTHCARE PRIVATE LIMITED

 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION
 This is a Computer Generated Invoice