

Tax Invoice Cum Delivery Challan

e-Invoice



IRN : aa5d8cb295f9cb76bcc2ffd7b51502a59977471ba109440-e1d776d0637502c02
 Ack No. : 182415596946835
 Ack Date : 26-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/2324/498	26-Feb-24
	Delivery Note	Mode/Terms of Payment
		30 DAYS
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	83-022024-25093	7-Feb-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	SAFEXPRESS	MEWAT
Vessel/Flight No.	Place of receipt by shipper:	
City/Port of Loading	City/Port of Discharge	
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Dry Dialysate 36.83x – 50 Lit.MIX (With Part B) Batch : DC2324420 Expiry : 18-Feb-26 <i>Igst Output</i> Stock/No. of Boxes Received 40 Subject to Physical Check 40 Name/Employee Code Centre Name Date/Time Signature M. No. 9991717390	30049032	40 Pcs 40 Pcs	825.00	Pcs		33,000.00 3,960.00
Total			40 Pcs				₹ 36,960.00

Amount Chargeable (in words)
Indian Rupees Thirty Six Thousand Nine Hundred Sixty Only

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 & UBIN0530131
 SWIFT Code : UBININBBOCL

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

for ARIVATION HEALTHCARE PRIVATE LIMITED

 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION
 This is a Computer Generated Invoice