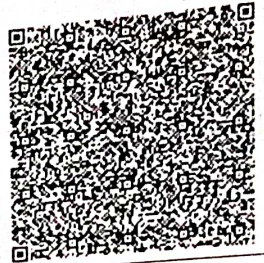


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : b059102c183242a163943d6e4e8edc54910323-823559f9981f614778d276a66c
 Ack No. : 182314510155671
 Ack Date : 29-Sep-23

 ARIVATION DialysisGPS	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. AHPL/2324/277	Dated 29-Sep-23
	Consignee (Ship to) DCDC Health Service Pvt. Ltd. Civil Hospital Kaithal; Huda Sector 18, Patti Gadar, Kaithal, HARYANA-136027. Contact No : 8506000651 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Haryana, Code : 06	Delivery Note	Mode/Terms of Payment 30 DAYS
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	Reference No. & Date.	Other References	
	Dispatched through DELHIVERY	Buyer's Order No. 66-092023-23729	Dated 6-Sep-23
	Bill of Lading/LR-RR No. dt. 29-Sep-23	Dispatch Doc No.	Delivery Note Date
	Terms of Delivery	Destination Kaithal	Motor Vehicle No.

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Cartridge Filter 20" Jumbo Wound	84219900	24 Pcs	300.00	Pcs		7,200.00
	IGST Output						1,296.00
Total							8,496.00

Stock/No. of Boxes Received Two
 Subject to Physical Check
 Name/End User Code Manu/DCD2754
 Centre Name DCDC C.H. Kaithal
 Date/Time 31/09/23 12:30 PM
 Signature [Signature] M. No. 9129646548

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

Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
7,200.00	18%	1,296.00	1,296.00
Total: 7,200.00		1,296.00	1,296.00

Tax Amount (in words) : **Indian Rupees One Thousand Two Hundred Ninety Six 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 : **UBININBOCL**

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

 Authorised Signatory