

Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 988e869eda43465400fa01434b8d1c75f22b8018ff9c7aac-efb410a701a4d645
 Ack No. : 182415597075268
 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/2324/500	26-Feb-24
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 : Delhi	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	66-022024-25071	7-Feb-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	SAFEXPRESS	KAITHAL
	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>lgst Output</i>	30049032	30 Pcs 30 Pcs	825.00	Pcs		24,750.00 2,970.00
Stock/No. of Boxes Received <u>30</u> Subject to Physical Check Name/Employee Code <u>Manu / 10102754</u> Centre Name <u>(DCDC) H. Kaithal</u> Date/Time <u>29/2/24 5:00 PM</u> Signature <u>[Signature]</u> M. No. <u>8506000651</u>							
Total			30 Pcs				₹ 27,720.00

Amount Chargeable (in words)
Indian Rupees Twenty Seven Thousand Seven Hundred Twenty 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

 [Signature] Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION
 This is a Computer Generated Invoice