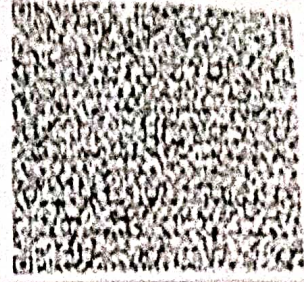


Tax Invoice Gum Delivery Challan

e-Invoice



IRN : f2ff61e3b569646ccb498eadd124fb237408d4dea31e0495-8818aec3a1035577
 Ack No. : 182415941757178
 Ack Date : 9-Apr-24

 ARIVATION HEALTHCARE PRIVATE LIMITED Site Office: 1624 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/2425/026	9-Apr-24
	Delivery Note	Mode/Terms of Payment
		30 DAYS
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	66-042024-25814	5-Apr-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	

Consignee (Ship to)
DCDC Health Service Pvt. Ltd.
 Civil Hospital Kaithal, Huda Sector 18, Patti Gadar,
 Kaithal, Haryana-136027, Contact No : 9728244777
 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 : Delhi

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	Dry Dialysate 36.83x – 50 Lit.MIX (With Part B) Batch : DC2324429 Expiry : 31-Mar-26	30049032	12 %	30 Pcs 30 Pcs	825.00	Pcs		24,750.00
	Igst Output							2,970.00
	Stock/No. of Boxes Received 30 Subject to Physical Check Name/Employee Code Hary 1002754 Centre Name DCDC C.H. Kaithal Date/Time 13/04/24 11:40 Am Signature [Signature] M. No. 8506500651							
	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 : UBININBOCL

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