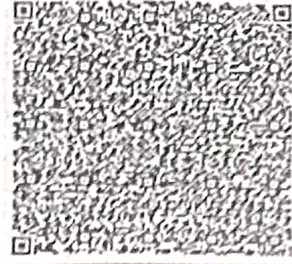


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 99ebcb011684a4256a5fd9db4b786eb2e3b9116f2a7259-3e63fab825a1c397c2
 Ack No. : 182415470416948
 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/2324/460	8-Feb-24
Consignee (Ship to) DCDC Health Service Pvt. Ltd. Civil Hospital Bhiwani; 1st Floor, Near PMO Office, Ch. Bansilal Civil Hospital, Ghanta Ghar Chowk; Bhiwani, Haryana-127021, Contact No : 9813981347 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
	49-022024-25094	7-Feb-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	SAFEXPRESS	BHIWANI
	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 CITRATE 10 LTR WITH DEXTROSE (PARTA+PARTB-1:2) Batch : DC2324401 Expiry : 31-Jan-26	30049032	50 Pcs	169.00	Pcs		8,450.00
	<i>Igst Output</i>		50 Pcs				1,014.00
Total			50 Pcs				₹ 9,464.00

E. & O.E

Amount Chargeable (in words)
Indian Rupees Nine Thousand Four Hundred Sixty Four 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 & UBIN0901521
 SWIFT Code : UBININBBOCL

Declaration
 DL No: WB/KOL/NBOW/320645 & WB/KOL/BOW/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: *[Signature]*

SUBJECT TO KOLKATA JURISDICTION
 This is a Computer Generated Invoice

Handwritten notes and stamps:
 Date Time: 16-2-24
 Signature: *[Signature]*
 M. No.
 Stamp: *[Circular Stamp]*