IRN : 47572cd5321fec533777110f78f231646cb28167b14fe905-f083b15fbe8f23a1
Ack No. : 182415596884128
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. AHPL/2324/497	e-Way Bill No. 811389299538	Dated 26-Feb-24
Delivery Note		Mode/Terms of Payment 30 DAYS
Reference No. & Date.		Other References
Buyer's Order No. 21-022024-25159		Dated 7-Feb-24
Dispatch Doc No.		Delivery Note Date
Dispatched through SAFEXPRESS		Destination GURGAON
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 Gurgaon, VIKAS NAGAR, BASAI SEC -10,GURGAON-122001 Contact No : 8818024273
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

Sl 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	30049032	**70 Pcs** 70 Pcs	825.00	Pcs		**57,750.00**
2	**DRY CITRATE 10 LTR K + FREE(PARTA+PARTB-1:2)** *Batch* : **DC2324360** *Expiry* : 31-Dec-25	30049032	**20 Pcs** 20 Pcs	169.00	Pcs		**3,380.00**
							61,130.00
	Igst Output						**7,335.60**
	Stock/No. of Boxes Received .....74..... Subject to Physical Check Name/Employee Code ....Devi Singh / Rout Centre Name ..CH., Yuxury..... Date/Time ....1/3/2024, 1:11 pm..... Signature .....M. No..8306254...						
	Total		**90 Pcs**				**₹ 68,465.60**

Amount Chargeable (in words) *E. & O.E*
Indian Rupees Sixty Eight Thousand Four Hundred Sixty Five and Sixty paise 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
Arivation Healthcare Pvt. Ltd. Kolkata
Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION

This is a Computer Generated Invoice