

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**

248, First Floor, Cycle Mkt,  
Jhandewalan Extension,  
New Delhi-110 055  
9811176228  
AAECG9710C  
DL Number-DL-MTM-145471 DT 22.06.2021  
GSTIN/UIN: 07AAECG9710C1ZV  
State Name : Delhi, Code : 07  
E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)

**DCDC Health Services Private Limited**

National Heart Institute Hospital  
A 49-50 Community Centre East Of Kailash  
Behind Sapna Cinema, 110065  
Contact No : 9717536866  
State Name : Delhi, Code : 07

Buyer (Bill to)

**DCDC Health Services Private Limited**

C-185, Mayapuri Industrial Area  
Phase-II  
Mayapuri  
New Delhi-110064  
State Name : Delhi, Code : 07

Invoice No.  
**GST/2223/771**  
Delivery Note

Dated  
**16-Dec-22**  
Mode/Terms of Payment  
**30 Days**  
Other References

Reference No. & Date.

Buyer's Order No.  
**10-122022-21087-3**  
Dispatch Doc No.

Dated  
**8-Dec-22**  
Delivery Note Date

Dispatched through

Destination

Terms of Delivery

SI No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Infra Hep (Heparin Inj IP 25000IU)</b> Batch : HP2031 Expiry : 30-Sep-24	30019091	<b>80 Pcs</b> 80 Pcs	135.00	Pcs	<b>10,800.00</b>
						<b>CGST 648.00</b>
						<b>SGST 648.00</b>
<b>Total</b>						<b>80 Pcs</b>
						<b>12,096.00 ₹</b>

Amount Chargeable (in words)

**Twelve Thousand Ninety Six INR Only**

**E & O E**

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
30019091	10,800.00	6%	648.00	6%	648.00	1,296.00
<b>Total</b>	<b>10,800.00</b>		<b>648.00</b>		<b>648.00</b>	<b>1,296.00</b>

Tax Amount (in words) : **One Thousand Two Hundred Ninety Six INR Only**

Company's Bank Details

A/c Holder's Name : **Gautam Healthcare Private Limited**  
Bank Name : **Axis Bank Limited**  
A/c No : **917020076226068**  
Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**  
for **Gautam Healthcare Private Limited**

Company's PAN : **AAECG9710C**

Declaration

I/We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signatory