| Eso .   | TAX INVOICE      |   |                                |                                  | (ORIGINAL FOR HEORIETH)     |             |                    |  |  |  |
|---|------------------|---|--------------------------------|----------------------------------|-----------------------------|-------------|--------------------|--|--|--|
| Juliam Healthcare Private Limited   |                  |   | Invoice No.                    |                                  | Dated<br>20-Jul-24          |             |                    |  |  |  |
| as First Floor Cycle Mkt.   |                  |   | GST/24-25/578<br>Delivery Note |                                  | Mode/Terms of Payment       |             |                    |  |  |  |
| New Delh-110 055  |                  |   | Reference No. & Date           |                                  | 1 Days                      |             |                    |  |  |  |
| BLECG9710C<br>DL N. mber DL MTM-145471 DT 22:06:2021<br>GST N UN 07AAECG9710C1ZV<br>Care Name : Delhi, Code : 07              |                  |   |                                |                                  | Other References            |             |                    |  |  |  |
| C N U85100DL2011PTC227049<br>E Ma : v vek@gautamhealthcare.com  |                  |   | Buyer's Order No.              |                                  | Dated                       |             |                    |  |  |  |
| Consignee (Ship to)   |                  | 27-072024   | 27-072024-26646                |                                  | 4-Jul-24 Delivery Note Date |             |                    |  |  |  |
| DCDC Health Services Private Limited Civil Hospital Hisar   | 1                | Dispatch D  |                                |                                  | nation                      | o Date      |                    |  |  |  |
| TAYAL BAGH COLONY COLONY NEAR BUS STAND, Hisar-125001 Contact No : 7015463300 State Name : Haryana, Code : 06 Buyer (Bill to) |                  | Dispatched illiough   |                                |                                  |                             |             |                    |  |  |  |
|   |                  | Terms of D  | Terms of Delivery              |                                  |                             |             |                    |  |  |  |
| DCDC Health Services Private Limited<br>C-185, Maypuri Industrial Area<br>Phase-II<br>Mayapuri<br>New Delhi-110064            | d                |   |                                |                                  |                             |             |                    |  |  |  |
| State Name : Delhi, Code : 07   |                  | THEMENO   | Cuantity [                     | Date                             | nor                         | Amo         | unt                |  |  |  |
| SI Description of Goods   |                  | HSN/SAC   | Quantity                       | Rate                             | per                         | Amo         | OIII               |  |  |  |
| 1 HBM DC-04 DRY CITRATE 50 LTR  | MIX PAR          | T 30049099  | 50 Nos                         | 850.00                           | Nos                         | 42,         | 500.00             |  |  |  |
| Batch 2407197<br>Expiry 30-Jun-26   |                  |   | 50 Nos                         |                                  |                             |             |                    |  |  |  |
| Expiry 30-3011-20   |                  |   |                                |                                  |                             |             |                    |  |  |  |
|   | CG               | ST  |                                |                                  |                             | 2.5         | 50.00              |  |  |  |
|   | SG               |   |                                |                                  |                             |             | 50.00              |  |  |  |
| Centre Name C.IVI L   |                  | 3300  |                                |                                  |                             |             |                    |  |  |  |
|   |                  |   |                                |                                  |                             |             |                    |  |  |  |
| Total   |                  | 1   | 50 Nos                         |                                  | 47,60                       |             | ₹ 00.00            |  |  |  |
| unt Chargeable (in words)   | 0-1              |   |                                |                                  |                             |             | E. & O.E           |  |  |  |
| y Seven Thousand Six Hundred INR  |                  |   |                                |                                  |                             | -           | _                  |  |  |  |
| HSN/SAC   | Taxable<br>Value | Rate  | Amount                         | SGST/<br>Rate                    | UTGS<br>Amou                |             | Total<br>ax Amount |  |  |  |
| 099   | 42,500.          |   | 2,550.00                       | 6%                               | 2,55                        |             | 5,100.00           |  |  |  |
| Total   | 42,500.          |   | 2,550.00                       |                                  |                             | 0.00        | 5,100.00           |  |  |  |
| ount (in words): Five Thousand One H  |                  | INR Only<br>Company's E<br>Bank Name<br>A/c No.<br>Branch & IFS | : ID<br>: 17<br>: Code : Ch    | BI BANK<br>35651100<br>nawri Baz | 000142<br>ar & I            | 27<br>BKL00 |                    |  |  |  |
| te that this invoice shows the actual price   | e of the         |   | for                            | Gautam F                         | iealthc                     | are Pri     | ate Limite         |  |  |  |
| cribed and that all particulars are true and c  | correct.         |   |                                |                                  |                             | Authoris    | sed Signato        |  |  |  |

Authorised Signatory

| TAX IN  | TAX INVOICE          |  |                        | Dated                          |       |                        |  |  |  |  |
|---|----------------------|--|------------------------|--------------------------------|-------|------------------------|--|--|--|--|
| Jaulam Healthcare Private Limited   | Invoice No.          | ST/24-25/578   |                        | 20-Jul-24                      |       |                        |  |  |  |  |
| in test Floor Cycle   | Delivery Not         | alivery Note   |                        | Mode/Terms of Payment          |       |                        |  |  |  |  |
| Jew Delta 110 Com   |                      |  |                        | 1 Days<br>Other References     |       |                        |  |  |  |  |
| DI Number DI MTM 145471 DT 22 06 2021   | Reference N          | io. & Date.  | Jines .                |                                |       |                        |  |  |  |  |
| Dem Code 07   | Buyer's Order No.    |  | Dated                  |                                |       |                        |  |  |  |  |
| Mail Vivola of  |                      | 27-072024-26646  |                        | 4-Jul-24<br>Delivery Note Date |       |                        |  |  |  |  |
| DCDC Health Services Private Limited  | Dispatch Do          | ic No.   | Deliver                | y Note                         | Date  |                        |  |  |  |  |
| Civil Hospital Hisal  | Dispatched           | through  | Destina                | ation                          |       |                        |  |  |  |  |
| TAYAL BAGH COLONY<br>COLONY NEAR BUS STAND, HISAR-125001  | Dispatched           | Dispatched through   |                        |                                |       |                        |  |  |  |  |
| Contact No.: 7015463300<br>State Name Haryana, Code: 06   | Terms of De          | elivery  |                        |                                |       |                        |  |  |  |  |
| Suyer (Bill to)   |                      |  |                        |                                |       |                        |  |  |  |  |
| CCDC Health Services Private Limited<br>0-185 Maypuri Industrial Area<br>Phase-II<br>Mayapuri<br>New Delhi-110064 |                      |  |                        |                                |       |                        |  |  |  |  |
| State Name Delhi, Code : 07   |                      |  |                        |                                |       |                        |  |  |  |  |
| Description of Goods  | HSN/SAC              | Quantity   | Rate                   | per                            | Am    | ount                   |  |  |  |  |
| HBM DC-04 DRY CITRATE 50 LTR MIX PART A+B WITH DEX  | 30049099             | 50 Nos   | 850.00                 | Nos                            | 42    | 2,500.00               |  |  |  |  |
| Batch 2407197   | -                    | 50 Nos   |                        |                                |       |                        |  |  |  |  |
| Expiry : 30-Jun-26  |                      | 30 1405  |                        |                                |       |                        |  |  |  |  |
|   | A Comment            |  |                        |                                |       |                        |  |  |  |  |
| CGS   | ST                   |  |                        |                                |       | 2 550 00               |  |  |  |  |
| SGS   | ST                   |  |                        |                                |       | 2,550.00<br>2,550.00   |  |  |  |  |
|   |                      |  |                        |                                |       | -,000.00               |  |  |  |  |
|   |                      |  |                        |                                |       |                        |  |  |  |  |
|   |                      |  |                        |                                |       |                        |  |  |  |  |
| Stock/No. of Boxes Received   | 1.5.4                |  |                        |                                |       |                        |  |  |  |  |
| mount Chargeable (in words)   | otal                 | 50 Nos   |                        |                                | 47,   | 600.00 ₹               |  |  |  |  |
| Forty Seven Thousand Six Hundred INR Only   |                      |  |                        |                                |       | E. & O.E               |  |  |  |  |
| ldx   | able                 | CGST   | SGST                   | r/utgs                         | eT.   | T                      |  |  |  |  |
|   | Falue Rate 500.00 6° | Amount   | Rate                   | Amo                            |       | Total<br>Tax Amoun     |  |  |  |  |
| Total 42,   | 500.00               | 2 550.0  | 6%                     | 2,5                            | 50.00 | 5.100.0                |  |  |  |  |
| ax Amount (in words) Five Thousand One Hund   | red INB Onl          | v =,550.0  |                        | 2,5                            | 50.00 | 5,100.0                |  |  |  |  |
|   | Compan               | v's Bank Date  | ile                    |                                |       |                        |  |  |  |  |
| ompany's PAN : AAECG9710C   | DOLL IN              | ime : I  | DBI BANK               | CCA                            | C     |                        |  |  |  |  |
| Company's PAN : AAECG9710C  | A/c No.              | AND THE PARTY OF T | 73565110               | 000014                         | 27    |                        |  |  |  |  |
| Ne declare that this investor   |                      |  | Chawri Ba<br>or Gautam | Zar & I<br>Healtho             | BKLO  | 001735<br>wate Limited |  |  |  |  |
| goods described and that all particulars are true and corre   | ect                  |  |                        |                                | 1     | -                      |  |  |  |  |
|   |                      |  |                        |                                | A     | sed Signatory          |  |  |  |  |

Authorised Signatory