

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Gautam Healthcare Private Limited

248 First Floor, Cycle Mkt,
Jhandewalan Extension,
New Delhi-110 055
9811116228
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

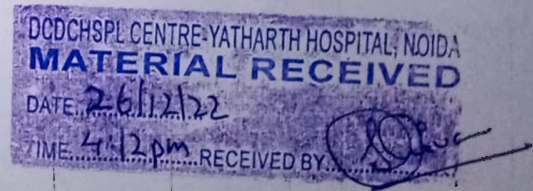
Yathartha Hospital
Plot Number-01, Sector 110 , Near Maharishi
Ashram, Noida, 201304
Contact No : 7697109398
State Name : Uttar Pradesh, Code : 09
Buyer (Bill to)

DCDC Health Services Private Limited

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

Invoice No. **GST/2223/808**
e-Way Bill No. **7213 0679 9552**
Dated **23-Dec-22**
Mode/Terms of Payment **30 Days**
Other References
Reference No. & Date.
Buyer's Order No. **64-122022-21086-4**
Dispatch Doc No.
Dispatched through
Destination
Terms of Delivery

SI	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Heparin Sodium 25000IU/5ml Batch : C1EAE31 Expiry : 31-May-25	30049099	360 Pcs 360 Pcs	140.00	Pcs	50,400.00
			<i>Total quantity received</i>			
						<i>CGST 3,024.00</i>
						<i>SGST 3,024.00</i>



Total **360 Pcs** **56,448.00 INR**
E & OE

Amount Chargeable (in words)
Fifty Six Thousand Four Hundred Forty Eight INR Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
30049099	50,400.00	6%	3,024.00	6%	3,024.00	6,048.00
Total	50,400.00		3,024.00		3,024.00	6,048.00

Tax Amount (in words) : **Six Thousand Forty Eight INR Only**

Company's PAN : **AAECG9710C**

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

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

