

* BLS Trained → HR Staff 1 DMO ...

Original for Buyer

"GST INVOICE"

ALFA MEDI AIDS
G-6,7,8 & 9, AMBER TOWER,
AZADPUR,
NEW DELHI-110033

GSTIN : 07AAJPK1035A1ZD
D.L.NO.:20B/128765,21B/128767,20D/128766
Phone : 9811164972
E-Mail : alfamediaids@gmail.com
SALESMAN : 007-DCDC(O/S)

Bill To : ,DCDC HEALTH SERVICE P.LTD-MAYAPURI/2
C-185,1st FLOOR,MAYAPURI PHASE-2
NEW DELHI-64 State : 07

Invoice No. : **AM/0569** Date : **21-12-2023**
P.O.No. : 51-112023-24161
P.O.Date : **06-11-2023** Date :
Challan No. :
E-WAYBILL :
Delivery : **DCDC-DIALYSIS** Vehicle No. :

PHONE : 011-45581006,8506003126
GSTIN : 07AAFCD0204K1Z1 STATE : 07-DELHI
DL NO. :

Ship To :
DCDC @ DISTRICT HOSPITAL-MATHURA(UP)
MAHARISHI DAYANAND SARASWATI DIST.HOSPITAL
CIVIL LINES,**MATHURA-281001(U.P.)** STATE : 09-UTTAR PRADESH
PHONE :
GSTIN : DL NO. : **DCDC 8218762122**

GR.NO. :
GR.DATE : **21-12-2023** CASES : **3**
Transport:
Payment Due Date : 21-12-2023

S.	Product	Pack	Batch	Exp.	Qty.	HSN	M.R.P.	Rate	Dis1	Dis2	GST%	Amount
1	DEXLAB HYPOCHLORITE(10%)JAR	5*LTR	H10/1023	9/25	12	28289019	975.00	230.00	0.00	0.00	18.00	2760.00
2	Add FREIGHT & FWD CHARGE(18%)				-	996812	0.00	1180.00	0.00	0.00	18.00	1180.00

GST 3940*9+9%=354.6SGST+354.6CGST.

CLASS	TOTAL	SCH.	DISC.	DISC2	SGST	CGST	TOTAL GST	TOTAL	3940.00
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	DIS AMT.	0.00
GST 12.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	SGST PAYBLE	354.60
GST 18.00%	3940.00	0.00	0.00	0.00	354.60	354.60	709.20	CGST PAYBLE	354.60
GST 28.00 %	0.00	0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE	0.00
IGST FREE%	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
TOTAL	3940.00	0.00	0.00	0.00	354.60	354.60	709.20	GRAND TOTAL	4649.00

Rs. Four Thousand Six Hundred Forty Nine Only

Terms & Conditions
:NOTE:-Please Remit processds by means of RTGS/CH./DD IN Favour of ALFA MEDI AIDS
A/C No.-02105011000334 with PUNJAB NATIONAL BANK,Branch DELHI,IFS Code PUNB0184500
All disputes subject to DELHI Jurisdiction only.
2.Bills not paid due date will attract 24% interest.
3.Warranty applicable as offered by the manufacturer only.

For ALFA MEDI AIDS



Authorized signatory

1. No. of Boxes Received 3 Box
2. Subj to Physical Check
Name Employee Code Ram DCO 02
Centre Name MATHURA
Date/Time 21/12/2023
Signature [Signature] M. No 9811164972