(DUPLICATE FOR TRANSPORTER) TAX INVOICE e-Way Bill No. Dated Invoice No. Gautam Healthcare Private Limited 7313 1132 7523 12-Jan-23 GST/2223/874 248, First Floor, Cycle Mkt, January Color, Cycle Mki Jhandewalan Extension, New Delhi-110 055 9811116228 AAECG9710C Mode/Terms of Payment **Delivery Note** 30 Days Other References Reference No. & Date. DL Number-DL-MTM-145471 DT 22.06.2021 GSTIN/UIN: 07AAECG9710C1ZV State Name: Delhi, Code: 07
E-Mail: vivek@gautamhealthcare.com Dated Buyer's Order No. 10-Jan-23 38-012023-21446-2 Consignee (Ship to) Delivery Note Date Dispatch Doc No. **DCDC Health Services Private Limited** Venkateshwar Hospital Destination Dispatched through Sector-18A, Dwarka New Delhi-110075 Terms of Delivery Contact No.9610054625 : Delhi, Code: 07 State Name Buyer (Bill to) DCDC Health Services Private Limited C-185, Maypuri Industrial Area Phase-II Mayapuri New Delhi-110064 State Name : Delhi, Code: 07 Amount per Quantity Rate HSN/SAC Description of Goods SI No. 40,500.00 135.00 pcs 300 pcs 30019091 Infa Hep (Heparin Inj IP 25000IU) 300 pcs Batch: HP2027 Expiry: 31-May-24 1,00,000.00 100.00 pcs 1,000 pcs 90189099 Set for Haemodialysis Curum (Post Pump) 1,000 pcs Batch : 2212844 Expiry: 30-Nov-24 1,40,500.00 8,430.00 **CGST** 8,430.00 SGST DCDCHSPL CENTRE-VENKATESHWAR HOSPITAL, DWARKA MATERIAL RECEIVED TIME. 11:00 A. M. RECEIVED BY 1,57,360.00 IN₹ 1,300 pcs E. & O.E Amount Chargeable (in words) One Lakh Fifty Seven Thousand Three Hundred Sixty INR Only State Tax Total Taxable Central Tax HSN/SAC Rate Amount Tax Amount Value **Amount** Rate 2,430.00 4,860.00 6% 40,500.00 6% 2,430.00 30019091 6,000.00 12,000.00 1,00,000.00 6,000.00 6% 6% 90189099 8,430.00 16,860.00 Total 1,40,500.00 8,430.00 Tax Amount (in words): Sixteen Thousand Eight Hundred Sixty INR Only Company's Bank Details Ac Holder's Name: Gautam Healthcare Private Limited Bank Name **Axis Bank Limited** AC No. 917020076226068

Branch & IFS Code: Jhandewalan Extension & UTIB0000738

for Gautam Healthcare Private Limited

Authorised Signatory

: AAECG9710C

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

Company's PAN

TAX INVOICE Dated Invoice No. Gautam Healthcare Private Limited 14-Jan-23 GST/2223/901 248, First Floor, Cycle Mkt, Mode/Terms of Payment Delivery Note Jhandewalan Extension, New Delhi-110 055 30 Days 9811116228 Other References Reference No. & Date. AAECG9/10C
DL Number-DL-MTM-145471 DT 22.06.2021
GSTIN/UIN: 07AAECG9710C1ZV
State Name: Delhi, Code: 07
E-Mail: vivek@gautamhealthcare.com Dated Buyer's Order No. 10-Jan-23 38-012023-21446-2 Delivery Note Date Consignee (Ship to) Dispatch Doc No. DCDC Health Services Private Limited Venkateshwar Hospital Destination Dispatched through Sector-18A Dwarka New Delhi-110075 Terms of Delivery Contact No.9610054625 : Delhi, Code : 07 State Name Buyer (Bill to) DCDC Health Services Private Limited C-185, Maypuri Industrial Area Phase-II Mayapuri New Delhi-110064 Amount per : Delhi, Code : 07 Rate State Name Quantity HSN/SAC Description of Goods SI 44,688.00 No. pcs 266.00 90189031 168 pcs Hollow Fibre Dialyser 13PF 168 pcs 1 Batch : 2203101415 Expiry: 31-Jul-25 1,117.20 **CGST** 1,117.20 SGST (-)0.40Round Off Less: DCDCHSPL CENTRE-VENKATESHWAR HOSPITAL DWARKA MATERIAL RECEIVED DATE 16 /1/23 TIME (100 A .M. RECEIVED BY Total 46,922.00 IN₹ 168 pcs E. & O.E Amount Chargeable (in words) Forty Six Thousand Nine Hundred Twenty Two INR Only Taxable State Tax Total Central Tax HSN/SAC Tax Amount Value Rate Rate Amount Amount 44,688.00 2.50% 1,117.20 2,234.40 1,117.20 2.50% 90189031 44,688.00 2,234.40 Total 1,117.20 1,117.20 Tax Amount (in words): Two Thousand Two Hundred Thirty Four INR and Forty 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 : AAECG9710C Company's PAN for Gautam Healthcare Private Limited Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct. Authorised Signatory

(DUPLICATE FOR TRANSPORTER)