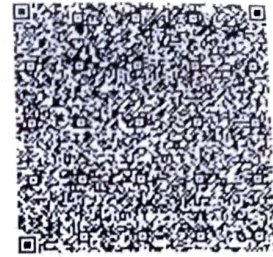


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 2bced90b30661ff5a501053576296cd8f0af841289693147-ed7d874897c451db
 Ack No. : 182415714837890
 Ack Date : 11-Mar-24

ARIVATION HEALTHCARE PRIVATE LIMITED Site Office: 16/24 Dr. Suresh Chandra Banerjee Road KOLKATA Kolkata WB KOLKATA-700010 GSTIN/UIN: 19AASCA6131H1ZF State Name : West Bengal, Code : 19 Contact : 6289556902,9836667979 E-Mail : arivationhealthcare@gmail.com Consignee (Ship to) DCDC Health Service Pvt. Ltd. District Hospital Sant Ravidas Nagar, 100 BEDS HOSPITAL Jila Mukhyalaya sarpatha ,gyanpur, sant Ravidas Nagar / Bhadoi, 221304, Contact No : 8083293190 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 Buyer (Bill to) DCDC Health Service Pvt. Ltd. C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Invoice No.	e-Way Bill No.	Dated
	AHPL/2324/538	851393739556	11-Mar-24
	Delivery Note	Mode/Terms of Payment	
			30 DAYS
	Reference No. & Date.	Other References	
	Buyer's Order No.	Dated	
	104-032024-25425	5-Mar-24	
	Dispatch Doc No.	Delivery Note Date	
	Dispatched through	Destination	
	SAFEXPRESS	SANT RAVI DAS NAGAR	
Vessel/Flight No.	Place of receipt by shipper:		
City/Port of Loading	City/Port of Discharge		
Terms of Delivery			

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Dry Dialysate 36.83x – 50 Lit.MIX (With Part B) Batch : DC2324425 Expiry : 31-Mar-26	30049032	60 Pcs 60 Pcs	825.00	Pcs		49,500.00
	Igst Output						5,940.00
	Total		60 Pcs				₹ 55,440.00

Stock/No. of Boxes Received 60 box
 Subject to Physical Check 60 box
 Name/Employee Code Dharmatolla K
 Centre Name Sant Ravidas
 Date/Time 19/3/24
 Signature M. No. 8083293190

Amount Chargeable (in words) E. & O E

Indian Rupees Fifty Five Thousand Four Hundred Forty Only

Company's Bank Details
 A/c Holder's Name : ARIVATION HEALTHCARE PRIVATE LIMITED
 Bank Name : Union Bank of India
 A/c No. : 015225010000001
 Branch & IFS Code : Dharmatolla Branch & UBIN0530131
 SWIFT Code : UBININBBOCL

Declaration
 DL No: WB/KOL/NBO/W/320645 & WB/KOL/BO/W/320645
 MSME UAM No. WB10D0023343
 Interest @24% PA will be charged after credit period
 Goods once sold will not be taken back or exchanged

for ARIVATION HEALTHCARE PRIVATE LIMITED

 Authorised Signatory

