

**"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 : 9811164972,8882654607,7780004000  
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/0404** Date : 31-10-2023  
P.O.No. : 56-102023-23931  
P.O.Date : 23-10-2023 Date :  
Challan No. :  
E-WAYBILL :  
Delivery : **NAHAN** Vehicle No. :

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

Ship To :  
**DCDC @ REGIONAL MEDICAL COLLEGE-NAHAN(HP)**  
**SUNDAR BAGH COLONY,NAHAN-173001**  
**HIMACHAL PARDESH** STATE: 02-HIMACHAL PRADES  
PHONE :  
DL.NO.: **DCDC:9418159046**  
GSTIN :

GR.NO. :  
GR.DATE : 31-10-2023 **CASES : 5**  
Transport:  
Payment Due Date : 31-10-2023

S.	Product	Pack	Batch	Exp.	Qty.	HSN	M.R.P.	Rate	Dis1	Dis2	GST%	Amount
1	DEXLAB HYPOCHLORITE(10%)JAR	5*LTR	H10/0823	7/25	20	28289019	975.00	230.00	0.00	0.00	18.00	4600.00
2	Add FREIGHT & FWD CHARGE(18%)				-	996812	0.00	2400.00	0.00	0.00	18.00	2400.00

Stock/No. of Boxes Received ..... **05 Box**  
Subject to Physical Check ..... **Jagdish DASS**  
Name/Employee Code ..... **RH Nahan**  
Centre Name ..... **31/10/23 12:40 PM**  
Date/Time ..... **31/10/23**  
Signature ..... **M. No. 9418159046**

GST 7000\*9+9%=630SGST+630CGST,

CLASS	TOTAL	SCH.	DISC.	DISC2	SGST	CGST	TOTAL GST	TOTAL	7000.00
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	630.00
GST 18.00%	7000.00	0.00	0.00	0.00	630.00	630.00	1260.00	CGST PAYBLE	630.00
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		
<b>TOTAL</b>	<b>7000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>630.00</b>	<b>630.00</b>	<b>1260.00</b>	<b>GRAND TOTAL</b>	<b>8260.00</b>

Rs. Eight Thousand Two Hundred Sixty 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**

M-9811164972  
Sign. *[Signature]*  
G-6,7,8,9 Amber Tower, Azadpur Delhi

**Authorised signatory**