

## "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/0581

Date : 28-12-2023

P.O.No. : 107-122023-24435

P.O.Date : 07-12-2023

Challan No. :

Date :

E-WAYBILL :

Delivery : DCDC-DIALYSIS Vehicle No. :

PHONE : 011-45581006,8506003126

GSTIN :07AAFCD0204K1Z1

STATE :07-DELHI

DL.NO.:

Ship To :

DCDC @ GOVERNMENT POLYCLINIC-KURUKSHETRA(HR)

UMARI ROAD,SEC-4,KURUKSHETRA,HARYANA

KURUKSHETRA-136118(HARYANA)

STATE: 06-HARYANA

PHONE :

GSTIN :

DL.NO.: DCDC:8860258930

GR.NO. :

GR.DATE : 28-12-2023

CASES : 2

Transport:

Payment Due Date. : 28-12-2023

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	8	28289019	975.00	230.00	0.00	0.00	18.00	1840.00
Add FREIGHT & FWD CHARGE(18%)				-	996812	0.00	943.00	0.00	0.00	18.00	943.00

GST 2783\*9+9%=250.47SGST+250.47CGST,

CLASS	TOTAL	SCH.	DISC.	DISC2	SGST	CGST	TOTAL GST	TOTAL	2783.00
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	250.47
GST 18.00%	2783.00	0.00	0.00	0.00	250.47	250.47	500.94	CGST PAYBLE	250.47
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>	2783.00	0.00	0.00	0.00	250.47	250.47	500.94	<b>GRAND TOTAL</b>	<b>3284.00</b>

Rs. Three Thousand Two Hundred Eighty Four 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.

Stock/No. of Boxes Received ..... 4

Subject to Physical Check

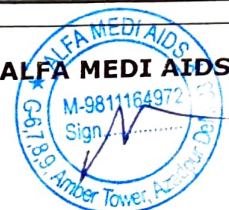
Name/Empl..... DC01570

C. Name..... Kurukshetra

Date..... 11/12/2023

Signature..... Gaurav..... M. No..... 91290-50796

For ALFA MEDI AIDS



Authorised signatory