

## "GST INVOICE"

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

249237282  
GSTIN : 07AAJPK1035A1ZD  
D.L.NO.: 20B/128765, 21B/128767, 20D/128766  
Phone : 9811164972, 8882654607, 7780004000  
E-Mail : alfamedialds@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/0427 Date : 01-11-2023

P.O.No. : 70-102023-23840

P.O.Date : 23-10-2023

Challan No. :

Date :

PHONE : 011-45581006,8506003126

GSTIN : 07AAFCD0204K1Z1 STATE : 07-DELHI

DL NO.:

E-WAYBILL :

Delivery : PIN-835223

Vehicle No. :

Ship To.:

DCDC @ SADAR HOSPITAL-SIMDEGA(JHARKHAND)

NH-23,THANA TOLLI,SALDEGA

SIMDEGA-835223,JHARKHAND

STATE: 20-JHARKHAND

GR.NO. :

GR.DATE : 01-11-2023

CASES : 2

Transport:

PHONE :

GSTIN :

DL.NO. : DCDC:8506000395

Payment Due Date : 01-11-2023

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	8	28289019	975.00	230.00	0.00	0.00	18.00	1840.00
2	Freight & FWD CHARGE(18%)				-	996812	0.00	1460.00	0.00	0.00	18.00	1460.00

GST 3300\*9+9%=297SGST+297CGST,

CLASS	TOTAL	SCH.	DISC.	DISC2	SGST	CGST	TOTAL GST	TOTAL	3300.00
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	297.00
GST 18.00%	3300.00	0.00	0.00	0.00	297.00	297.00	594.00	CGST PAYBLE	297.00
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>3300.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>297.00</b>	<b>297.00</b>	<b>594.00</b>	<b>GRAND TOTAL</b>	<b>3894.00</b>

Rs. Three Thousand Eight Hundred Ninety Four Only

**Terms & Conditions**

:NOTE:-Please Remit proccsds by means of RTGS/CH./DD IN Favour of ALFA MEDI AIDS

A/C No.-0210501100334 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 ..... 80

Subject to Physical Check

Name/Employee Code ..... Chaudhary, DCDC 73

Centre Name ..... JH-SIMDEGA

Date/Time ..... 29/11/2023 ..... 4:30 PM

Signature ..... M. No. 852393824

For ALFA MEDI AIDS

Authorized signatory

NOTE:- 2. Jar Broken