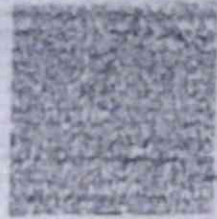


Tax Invoice Cum Delivery Challan

Invoice

IRIN 18da3e82a514c68bf832463c27aed03290528a-0158b92b6a213d95d87c49ac2d
 Ack No: 182416244301874
 Ack Date: 9-Jan-24



ARIVATION HEALTHCARE PRIVATE LIMITED
 Site Office: 1524 D, Sankar Chandra Avenue Road
 KOLKATA, Kolkata WB
 KOLKATA-700010
 GSTIN/UIN: 19AASCA6131H1ZF
 State Name: West Bengal, Code: 19
 Contact: 6289556902, 9836667979
 E-Mail: arivationhealthcare@gmail.com
 www.arivation.com

Invoice No: **AHPL/2324/413**
 Delivery Note: **30 DAYS**
 Reference No. & Date: **Other References**
 Buyer's Order No: **132-012024-24785**
 Dispatch Doc No: **5-Jan-24**
 Dispatched through: **SAFEXPRESS**
 Destination: **DURG**
 Terms of Delivery: **Delivery Note Date**

Consignee (Ship to)
 DCDC Health Service Pvt. Ltd.
 CCMC Medical College, Kurud Road,
 Kharauli, Dist. Durg, Chhattisgarh-492024, Contact No: 9811222644
 GSTIN/UIN: 07AAFCD0204K121
 State Name: Chhattisgarh, Code: 22

Buyer (Bill to)
 DCDC Health Service Pvt. Ltd.
 C-185, Mayapuri Industrial Area phase- 2,
 Mayapuri, New Delhi-110064
 GSTIN/UIN: 07AAFCD0204K121
 State Name: Delhi, Code: 07
 Place of Supply: Delhi

Sl. No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	DRY CITRATE 10 LTR WITH DEXTROSE (PART A+PART B-1:2) Batch: DC222474 Expiry: 31-Dec-25	30340032	130 Pcs 130 Pcs	169.00	Pcs		21,970.00
	Igst Output						2,636.40
Total							24,606.40

Jasmin 26 kg
uh unku

Signature:

Subject: _____
 Name: _____
 Centre: _____
 D: _____
 S: _____

Amount Chargeable (in words): **Indian Rupees Twenty Four Thousand Six Hundred Six and Forty paise Only** E & OE

Taxable Value	Rate	IGST Amount	Total Tax Amount
21,970.00	12%	2,636.40	2,636.40
Total: 21,970.00		2,636.40	2,636.40

Tax Amount (in words): **Indian Rupees Two Thousand Six Hundred Thirty Six and Forty paise Only**

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

Company's Bank Details:
 A/c Holder's Name: **ARIVATION HEALTHCARE PRIVATE LIMITED**
 Bank Name: **Union Bank of India**
 A/c No: **015225010000001**
 Branch & IFSC Code: **Dharmatolla Branch & UBIN0901521**
 SWIFT Code: **UBININBB0CL**

Customer's Bill of Goods Received: **26**
 Subject to Physical Check: **Correct**
 Name/Employee Code: **201011**
 Centre Name: **Kharauli**
 Date/Time: **13:00 20/01/24**
 Signature: M. No: **959286044**

for ARIVATION HEALTHCARE PRIVATE LIMITED
 Authorised Signatory:

SUBJECT TO KOLKATA JURISDICTION
 FORM A INVOICE

