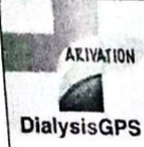


Tax Invoice Cum Delivery Challan

	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 E-Mail : arivationhealthcare@gmail.com	Invoice No. AHPL/2324/072 e-Way Bill No. 8213 1872 4851	Dated 8-Jun-23
	Delivery Note Reference No. & Date.	Mode/Terms of Payment 30 DAYS Other References	
Consignee (Ship to) DCDC Health Service Pvt. Ltd. MGM HOSPITAL Dialysis unit EAST SINGHBHAM, SAKCHI DISTT Near Ganga Regency Hotel, JAMSHEDPUR-831001; Contact No : 8506000152 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Jharkhand, Code : 20	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 : Jharkhand	Buyer's Order No. 32-062023-22799-4	Dated 6-Jun-23
		Dispatch Doc No.	Delivery Note Date
		Dispatched through SAFEXPRESS	Destination
		Bill of Lading/LR-RR No. dt. 8-Jun-23	Motor Vehicle No.
Terms of Delivery DOOR DELIVERY			

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	DRY CITRATE 10 LTR WITH BICARB(PARTA+PARTB-1:2)-1-E Batch : DC2324030 Expiry: 30-Apr-25	30049032	400 Pcs 400 Pcs	169.00	Pcs		67,600.00
2	DRY CITRATE 10 LTR K + FREE(PARTA+PARTB-1:2) Batch : DC2324058 Expiry: 30-Apr-2025	30049032	10 Pcs 10 Pcs	169.00	Pcs		1,690.00
Igst Output							69,290.00
							8,314.80
Total			410 Pcs				₹ 77,604.80

Stock/No. of Boxes Received **41 Box**
 Subject to Physical Check
 Name/Employee Code **DC00078**
 Centre Name **MGM JAMSHEDPUR**
 Date/Time **15.6.2023 at 4PM**
 Signature **[Signature]** M. No. **7988457040**

Amount Chargeable (in words) **Indian Rupees Seventy Seven Thousand Six Hundred Four and Eighty paise Only** E. & O.E

Taxable Value	IGST		Total Tax Amount
	Rate	Amount	
69,290.00	12%	8,314.80	8,314.80
Total: 69,290.00		8,314.80	8,314.80

Tax Amount (in words) : **Indian Rupees Eight Thousand Three Hundred Fourteen and Eighty paise Only**

Declaration
 DL No: WB/KOL/NBOW/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

Company's Bank Details
 Bank Name : **Union Bank of India**
 A/c No. : **015225010000001**
 Branch & IFS Code : **Dharmatolla Branch & UBIN0901521**

Customer's Seal and Signature for ARIVATION HEALTHCARE PRIVATE LIMITED


 Authorised Signatory