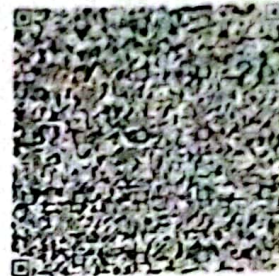


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 6cdfaa8b8313001d9a3c133e9ecd6c8437e6dfa76706e39-ad7e9d787ac299e64  
 Ack No : 182415941694532  
 Ack Date : 9-Apr-24

 <b>ARIVATION HEALTHCARE PRIVATE LIMITED</b> Site Office: 16/24 Dr. Suresh Chandra Banerjee Road KOLKATA Kolkata WB KOLKATA-700010 GSTIN/UIN: 19AASCA6131H1ZF State Name : West Bengal, Code : 19 Contact : 6289556902,9836667979 E-Mail : arivationhealthcare@gmail.com	Invoice No.	Dated
	AHPL/2425/025	9-Apr-24
Consignee (Ship to) <b>DCDC Health Service Pvt. Ltd.</b> SADAR HOSPITAL, AMLA TOLA ROAD, CHAIBASA, JHARKHAND-833201, Contact No : 8506000395 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Jharkhand, Code : 20	Delivery Note	Mode/Terms of Payment
		30 DAYS
Buyer (Bill to) <b>DCDC Health Service Pvt. Ltd.</b> C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Reference No. & Date.	Other References
Buyer (Bill to) <i>6205741103 - TECHN WIREX</i> <b>DCDC Health Service Pvt. Ltd.</b> C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Buyer's Order No.	Dated
	68-042024-25813	5-Apr-24
Dispatched through <b>SAFEXPRESS</b>	Dispatch Doc No.	Delivery Note Date
Vessel/Flight No.	Dispatched through	Destination
		CHAIBASA
City/Port of Loading	Vessel/Flight No.	Place of receipt by shipper
Terms of Delivery		City/Port of Discharge

SI No	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	Dry Dialysate 36.83x - 50 Lit.MIX (With Part B) Batch : DC2324429 Expiry : 31-Mar-26	30049032	12 %	10 Pcs 10 Pcs	825.00	Pcs		8,250.00
	Igst Output							990.00
	<b>Total</b>			<b>10 Pcs</b>				<b>₹ 9,240.00</b>

Stock No. of Boxes Received 10 BOX  
 Subject to Physical Check  
 Name/Employee Code DCD3429  
 Centre Name SADAR HOSPITAL CHAIBASA  
 Date/Time 22/4/2024  
 Signature Vivek Kumar No. 6205741103

Amount Chargeable (in words)  
 Indian Rupees Nine Thousand Two Hundred Forty Only

Company's Bank Details  
 A/c Holder's Name : ARIVATION HEALTHCARE PRIVATE LIMITED  
 Bank Name : Union Bank of India  
 A/c No : 015225010000001  
 Branch & IFS Code : Dharmatolla Branch & UBIN0530131  
 SWIFT Code : UBININBBOCL

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

for ARIVATION HEALTHCARE PRIVATE LIMITED  
  
 Authorized Signatory

SUBJECT TO KOLKATA JURISDICTION  
 This is a Computer Generated Invoice