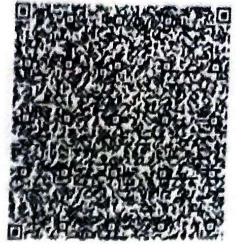


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : a80b70685a5ca83c0069e47512e219ddbc645d-
28a15c10504e6ade6593eda2f8
Ack No. : 182316025593675
Ack Date : 9-Dec-23

 ARIVATION HEALTHCARE PRIVATE LIMITED Site Office: 18/24 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 www.arivation.com	Invoice No. AHPL/2324/369	Dated 9-Dec-23
	Delivery Note 30 DAYS	Mode/Terms of Payment 30 DAYS
Reference No. & Date.	Other References	
Buyer's Order No. 56-122023-24543-1	Dated 7-Dec-23	
Dispatch Doc No.	Delivery Note Date	
Dispatched through SAFEXPRESS	Destination NAHAN	
Terms of Delivery		

Consignee (Ship to)
DCDC Health Service Pvt. Ltd.
 Regional Medical College Nahan, Sundar
 Bagh Colony, Nahan, 173001, Contact No : 9418159046
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Himachal Pradesh, Code : 02

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 : Himachal Pradesh

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
1	DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2) Batch : DC2324228 Expiry: 31-Aug-25 Igst Output	30049032	130 Pcs 130 Pcs	169.00	Pcs		21,970.00
							2,636.40
Total			130 Pcs				24,606.40

Stock/No. of Boxes Received 26 Box
 Subject to Physical Check
 Name/Employee Code Jagdish DCO0555
 Centre Name R.M. Nahan
 Date/Time 12/12/23
 Signature JK M. No. 9418159046

Amount Chargeable (in words) E. & O.E
Indian Rupees Twenty Four Thousand Six Hundred Six and Forty paise Only

Taxable Value	IGST		Total Tax Amount
	Rate	Amount	
21,970.00	12%	2,636.40	2,636.40
Total:		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/NBO/W/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
 A/c Holder's Name : **ARIVATION HEALTHCARE PRIVATE LIMITED**
 Bank Name : **Union Bank of India**
 A/c No. : **015225010000001**
 Branch & IFS Code : **Dharmatolla Branch & UBIN0901521**
 SWIFT Code : **UBININBBOCL**

Customer's Seal and Signature _____ for ARIVATION HEALTHCARE PRIVATE LIMITED

Authorised Signatory

