

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
 Contact : 6289556902,9836667979
 E-Mail : arivationhealthcare@gmail.com
 www.arivation.com

Invoice No. AHPL/2324/034	Dated 12-May-2023
Delivery Note	Mode/Terms of Payment 30 DAYS
Supplier's Ref. AHPL/2324/034	Other Reference(s)
Buyer's Order No. 48-052023-22644-1	Dated 9-May-2023
Despatch Document No.	Delivery Note Date
Despatched through SAFEXPRESS	Destination HIMACHAL PRADESH
Terms of Delivery	

Consignee
DCDC Health Service Pvt. Ltd.
 Deen Dayal Upadhayay Hospital Shimla,
 Deen Dayal Upadhayay Hospital, Dialysis
 Unit (G Floor), Near Old Bus Stand, Opp.
 Gurdwara, Shimla, HP-171001, Contact No : 9418291979
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07

Buyer (if other than consignee)
DCDC Health Service Pvt. Ltd.
 C-85, Mayapuri Industrial
 phase-2, Mayapuri, New Delhi-110064
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07
 Place of Supply : Delhi

S/No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2) Batch : DC2324028 Expiry: 30-Apr-2025 Arisol	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 Arisol	30049032	200 Pcs 200 Pcs	169.00	Pcs		33,800.00
							1,01,400.00
Igst Output							12,168.00
Total							₹ 1,13,568.00 E. & O.E

Stock/No. of Boxes Received 132
 Subject to Physical Check
 Name of Employee Code DC0234
 Certificate No. DDUK Shimla
 Date/Time 18/05/23
 Signature [Signature] M. No.

Amount Chargeable (in words) Indian Rupees One Lakh Thirteen Thousand Five Hundred Sixty Eight Only	Taxable Value	Integrated Tax Rate	Integrated Tax Amount	Total Tax Amount
	1,01,400.00	12%	12,168.00	12,168.00
	Total: 1,01,400.00		12,168.00	12,168.00

Tax Amount (in words) : **Indian Rupees Twelve Thousand One Hundred Sixty Eight 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. : **01522501000001**
 Branch & IFS Code : **Dharmatolla Branch & UBIN0901521**
 for ARIVATION HEALTHCARE PRIVATE LIMITED
 Kolkata
 Authorised Signatory

Customer's Seal and Signature