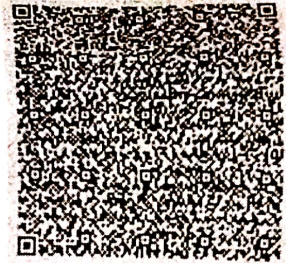


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 1deca72f5840882d2d7cfbb9f042284f03a536ba07f356b5-1c6d3d304ed5d792
 Ack No. : 182415714731550
 Ack Date : 11-Mar-24


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	Invoice No.	e-Way Bill No.	Dated
	AHPL/2324/536	831393735756	11-Mar-24
Consignee (Ship to) DCDC Health Service Pvt. Ltd. District Hospital Chandauli, pt. kamla pati Tripathi district combined hospital, chandauli, 232104, UTTAR PRADESH. Contact No : 8115409765 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09	Delivery Note	Mode/Terms of Payment	
	Reference No. & Date.	30 DAYS	
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 : Delhi	Buyer's Order No.	Dated	
	Dispatch Doc No.	5-Mar-24	
	Dispatched through	Destination	
	SAFEXPRESS	CHANDALI	
	Vessel/Flight No.	Place of receipt by shipper:	
	City/Port of Loading	City/Port of Discharge	
Terms of Delivery			

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Dry Dialysate 36.83x – 50 Lit.MIX (With Part B) Batch : DC2324425 Expiry : 31-Mar-26	30049032	60 Pcs 60 Pcs	825.00	Pcs		49,500.00
	Igst Output						5,940.00
	Stock/No. of Boxes Received <i>So. 2076</i> Subject to Physical Check <i>Done</i> Name/Employee Code <i>D.C.02113</i> Centre Name <i>D.H. Chandauli</i> Date/Time <i>16/03/24</i> <i>2:15PM</i> Signature <i>[Signature]</i> M. No. <i>8115409765</i>						
	Total		60 Pcs				₹ 55,440.00

Amount Chargeable (in words) **Indian Rupees Fifty Five Thousand Four Hundred Forty Only** E. & O.E

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/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

for ARIVATION HEALTHCARE PRIVATE LIMITED

[Signature]
 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION
 This is a Computer Generated Invoice

6 Pkt. Damaged.

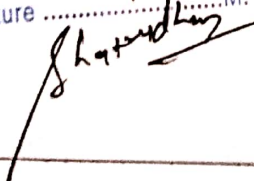
Tax Invoice

e-Invoice



IRN : ed05f7ed6dacc22dff666b4a2c4bo607705b4a0f56df6d05-cb568f2ba6f39dc6
 Ack No. : 182415771699929
 Ack Date : 18-Mar-24

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	Credit Note No.	Dated
	6	18-Mar-24
Consignee (Ship to) DCDC Health Service Pvt. Ltd. District Hospital Chandauli, pt. kamla pati Tripathi, district combined hospital, chandauli, 232104, UTTAR, PRADESH, Contact No : 8115409765 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09	Original Invoice No. & Date.	Other References
	AHPL/2324/536 dt. 11-Mar-24	
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 : Delhi	Buyer's Order No.	Dated
	Dispatch Doc No.	
	Dispatched through	Destination
	Terms of Delivery	

Sl 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 : DC2324425 Expiry : 31-Mar-26	30049032	12 %	4 Pcs 4 Pcs	825.00	Pcs		3,300.00
	<i>lgst Output</i>							396.00
Stock/No. of Boxes Received 2 boxes Subject to Physical Check Name/Employee Code 0602113 Centre Name Chandauli Date/Time 19/03/24 1:44 PM Signature M. No. 8115909765 								
Total				4 Pcs				₹ 3,696.00

Amount Chargeable (in words) Indian Rupees Three Thousand Six Hundred Ninety Six Only E. & O.E

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 : UBININBOCL

for ARIVATION HEALTHCARE PRIVATE LIMITED



Dhale T
 Authorised Signatory

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