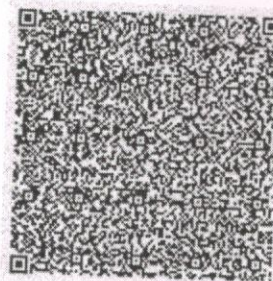


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : b26c7e8d832d2daab535c8e6d0359912753d46723c2b9d-5f1b0abbd1c9024e40  
 Ack No. : 182415958586851  
 Ack Date : 11-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
	<b>AHPL/2425/036</b>	<b>11-Apr-24</b>
<b>DialysisGPS</b> Consignee (Ship to) <b>DCDC Health Service Pvt. Ltd.</b> Atal Bihari Vajpayee Memorial Govt Medical College, District Rajnandgaon, Pendri, Chhattisgarh-491441, Contact No : 8349482632 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Chhattisgarh, Code : 22	Delivery Note	Mode/Terms of Payment
		<b>30 DAYS</b>
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's Order No.	Dated
	<b>152-042024-25918-6</b>	<b>9-Apr-24</b>
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	<b>SAFEXPRESS</b>	<b>Rajnandgaon</b>
	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	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	<b>DRY CITRATE 10 LTR WITH DEXTROSE( PARTA+PARTB-1:2)</b> Batch : DC2324387 Expiry : 31-Jan-26	30049032	12 %	100 Pcs	169.00	Pcs		16,900.00
	<b>Igst Output</b>			100 Pcs				2,028.00
	<b>Total</b>			100 Pcs				<b>₹ 18,928.00</b>

Stock/No. of Boxes Received ..... **10** .....  
 Subject to Physical Check  
 Name/Employee Card: **Chandrab Prakash / DC03131**  
 Centre Name: **Atal Bihari Vajpayee hospital**  
 Date/Time: **22/04/24 / 4:30 PM**  
 Signature: **[Signature]** IM. NO. **83434 / 82632**

Amount Chargeable (in words) **Indian Rupees Eighteen Thousand Nine Hundred Twenty Eight 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/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**  
**Authorised Signatory**

