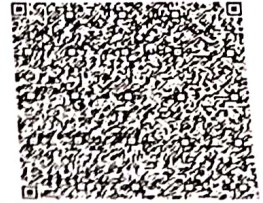


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 136881a6465cf45dc4526f456c8f0e3495Bc445-a4cc08ef077dc39c53a152f1b
 Ack No. : 182314609814307
 Ack Date : 29-Sep-23

ARIVATION HEALTHCARE PRIVATE LIMITED
 Site Office: 16/24 Dr. Suresh Chandra Banerjee Road
 KOLKATA Kolkata WB
 KOLKATA-700010
 GSTIN/UIN: 19AASCA6131H1Z1F
 State Name : West Bengal, Code : 19
 Contact : 6289556902,9836667979
 E-Mail : arivationhealthcare@gmail.com
 www.arivation.com

Invoice No. **AHPL/2324/272**
 Dated **29-Sep-23**
 Delivery Note
 Mode/Terms of Payment **30 DAYS**
 Reference No. & Date.
 Other References
 Buyer's Order No.
 P.O No. : **49-092023-23612**
 Dated **6-Sep-23**
 Dispatch Doc No.
 Delivery Note Date
 Dispatched through
DELHIVERY
 Destination **BHIWANI**
 Bill of Lading/LR-RR No.
 dt. **29-Sep-23**
 Motor Vehicle No. **WB23F2662**
 Terms of Delivery

Consignee (Ship to)
DCDC Health Service Pvt. Ltd.
 Civil Hospital Bhiwani; 1st Floor, Near PMO
 Office, Ch. Bansilal Civil Hospital; Bhiwani,
 Ghanta Ghar Chowk, HARYANA-127021, Contact No : 8506000716
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Haryana, Code : 06

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 : Haryana

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Cartridge Filter 20" Jumbo Wound BIG BLUE FILTER 20"X4"	84219900	24 Pcs	300.00	Pcs		7,200.00
	IGST Output						1,296.00
Total			24 Pcs				8,496.00

Stock/No. of Boxes Received 2
 Subject to Physical Check
 Name/Employee Code *Sweetly* DC02133
 Centre Name *C.H. BHIWANI*
 Date/Time *2-10-2023 2:00 PM*
 Signature *[Signature]* M. No. *85060 0076*


Amount Chargeable (in words) **Indian Rupees Eight Thousand Four Hundred Ninety Six Only** E & O E

Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
7,200.00	18%	1,296.00	1,296.00
Total: 7,200.00		1,296.00	1,296.00

Tax Amount (in words) : **Indian Rupees One Thousand Two Hundred Ninety Six 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 : **Dharniatolla Branch & UBIN0901521**
 SWIFT Code : **UBININBBOCL**

Customer's Seal and Signature _____ for ARIVATION HEALTHCARE PRIVATE LIMITED
 *[Signature]*
 Authorised Signatory