

Tax Invoice Cum Delivery Challan

ARIVATION HEALTHCARE PRIVATE LIMITED
 Site Office: 1624 Df, Suresh Chandra Banerjee Road
 KOLKATA, Kolkata WB
 KOLKATA-700010
DialysisGPS
 GSTIN/UIN: 19AAASCAG131H1ZF
 State Name : West Bengal, Code : 19
 Contact : 6289556902, 9836667979
 E-Mail : arivationhealthcare@gmail.com
 www.arivation.com

Consignee (Ship to)

DCDC Health Service Pvt. Ltd.
 Civil Hospital Rewari, Kayasthwar Mohalla,
 Rewari, Haryana, 123401, Contact No : 8506000461
 GSTIN/UIN : 07AAAFCD0204K1Z1
 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 : 07AAAFCD0204K1Z1
 State Name : Delhi, Code : 07
 Place of Supply : Delhi

Invoice No. e-Way Bill No. Dated
 AHPLJ2324130 8313 2636 5690 8-Jul-23
 Delivery Note Mode/Terms of Payment
 30 DAYS
 Other References
 Reference No. & Date.
 Buyer's Order No. Dated
 61-062023-22989-1 27-Jun-23
 Dispatch Doc No. Delivery Note Date
 Dispatched through Destination
SAFEXPRESS **REWARI**
 Bill of Lading/LR-RR No. Motor Vehicle No.
 dt. 8-Jul-23

Terms of Delivery

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per Disc. %	Amount
1	DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2) Batch : DC2324149 Expiry : 31-Jul-25	30049032	600 Pcs 600 Pcs	169.00		1,01,400.00
2	DRY CITRATE 10 LTR K + FREE(PARTA+PARTB-1:2) Batch : DC2324151 Expiry : 31-Jul-25	30049032	20 Pcs 20 Pcs	169.00		3,380.00
	IGST Output					1,04,780.00
						12,573.60
	Total		620 Pcs			₹ 1,17,353.60

Stock/No. of Boxes Received
 Subject to Physical Check *by*
 Name/Employee Code *D.S. Dasgupta Himanshu*
 Centre Name *Ch. P. Dasgupta*
 Date/Time *12-07-23*
 Signature *[Signature]* M. No. *98143563*

Amount Chargeable (in words)

Indian Rupees One Lakh Seventeen Thousand Three Hundred Fifty Three and Sixty paise Only

Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
1,04,780.00	12%	12,573.60	12,573.60
Total: 1,04,780.00		12,573.60	12,573.60

Tax Amount (in words) : **Indian Rupees Twelve Thousand Five Hundred Seventy Three and Sixty 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
 Bank Name : **Union Bank of India**
 A/c No. : **015225010000001**
 Branch & IFS Code : **Dharmatolla Branch & UBIND0901521**
 for ARIVATION HEALTHCARE PRIVATE LIMITED

Customer's Seal and Signature

[Signature]
 Authorised Signatory



SUBJECT TO KOLKATA JURISDICTION *
 This is a Computer Generated Invoice