

Tax Invoice Cum Delivery Challan

e-Invoice



IRN : ce0bc5d63d470a0dba1e33586e72833d5d87d6c8c13069-099f303ae5d3f632c4
 Ack No. : 182415725792450
 Ack Date : 12-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 Consignee (Ship to) DCDC Health Service Pvt. Ltd. District Hospital Muzaffar Nagar, District hospital Roorkee Rd Laddhawala, 251001, Contact No : 9634720912 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 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	Invoice No. AHPL/2324/559	Dated 12-Mar-24	
	Delivery Note	Mode/Terms of Payment 30 DAYS	Reference No. & Date.
	Buyer's Order No. 44-032024-25614	Dated 11-Mar-24	
	Dispatch Doc No.	Delivery Note Date	
	Dispatched through DELHIVERY	Destination Muzaffar Nagar	
	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	DIALYZER 1.6 OCI HD16L Batch : 230936 Expiry : 15-Sep-26 Igst Output	90189031	96 Pcs 96 Pcs	290.00	Pcs		27,840.00 1,392.00
Stock/No. of Boxes Received <u>4 Box</u> Subject to Physical Check <u>OK</u> Name/Employee Code <u>[Signature]</u> Centre Name <u>Muzaffar Nagar</u> Date/Time <u>14/3/24</u> Signature <u>[Signature]</u> M. No. <u>9634720912</u>							
Total			96 Pcs				₹ 29,232.00

Amount Chargeable (in words)
Indian Rupees Twenty Nine Thousand Two Hundred Thirty Two 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 : Dharmatolla Branch & UBIN0530131
 SWIFT Code : UBININBOCL

for ARIVATION HEALTHCARE PRIVATE LIMITED



[Signature]
 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION

This is a Computer Generated Invoice