

**Tax Invoice Cum Delivery Challan**

 <b>ARIVATION</b> <b>DialysisGPS</b>	<b>ARIVATION HEALTHCARE PRIVATE LIMITED</b> Site Office: 16/24 Dr. Suresh Chandra Banerjee Road KOLKATA KOLKATA WB KOLKATA-700010 GSTIN/UIN: 19AAASCA6131H1ZF State Name: West Bengal, Code: 19 Contact: 6289556902, 9836667979 E-Mail: arivationhealthcare@gmail.com www.arivation.com	Invoice No. <b>AHPL/2324/035</b>	Dated <b>12-May-2023</b>
	Delivery Note	Mode/Terms of Payment <b>30 DAYS</b>	Supplier's Ref. <b>AHPL/2324/035</b>
Consignee <b>DCDC Health Service Pvt. Ltd.</b> Regional Medical College Nahan, Dialysis Unit (G Floor), Sundar Bagh Colony, Nahan, 173001, Himachal Pradesh-173001, Contact No. 9418159046 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07		Buyer's Order No <b>56-052023-22653-1</b>	Dated <b>9-May-2023</b>
Buyer (if other than consignee) <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		Despatch Document No.	Delivery Note Date
		Despatched through <b>SAFEXPRESS</b>	Destination <b>HIMACHAL PRADESH</b>
Terms of Delivery			

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
1	<b>DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2)</b> Batch : DC2324028 Expiry: 30-Apr-2025 Arisol	30049032	40 Pcs 40 Pcs	169.00	Pcs		6,760.00
2	<b>DRY CITRATE 10 LTR K + FREE(PARTA+PARTB-1:2)</b> Batch : DC2324058 Expiry: 30-Apr-2025 Arisol	30049032	10 Pcs 10 Pcs	169.00	Pcs		1,690.00
							8,450.00
<i>Igst Output</i>							1,014.00
<b>Total</b>			<b>50 Pcs</b>				<b>₹ 9,464.00</b>

Stock/No. of Boxes Received ..... 11  
 Subject to Physical Check ..... Jagdish/DC00555  
 Name/Employee Code .....  
 Centre Name ..... KH Nahan  
 Date/Time ..... 19.05.2023  
 Signature ..... M. No. 9418159046

Amount Chargeable (in words) **Indian Rupees Nine Thousand Four Hundred Sixty Four Only** E. & O.E

Taxable Value	Integrated Tax Rate	Integrated Tax Amount	Total Tax Amount
8,450.00	12%	1,014.00	1,014.00
<b>Total: 8,450.00</b>		<b>1,014.00</b>	<b>1,014.00</b>

Tax Amount (in words) : **Indian Rupees One Thousand Fourteen 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 & UBIN0901521**

Customer's Seal and Signature for ARIVATION HEALTHCARE PRIVATE LIMITED



SUBJECT TO KOLKATA JURISDICTION

This is a Computer Generated Invoice