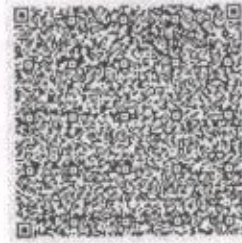


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : aed3a20af89c027bb9e5fcaec049068189b747-01e31eb1c5b4f5a470f86e7f66
 Ack No. : 182415690961112
 Ack Date : 7-Mar-24

<p>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 www.arivation.com</p>	Invoice No. AHPL/2324/527	Dated 7-Mar-24
	Delivery Note	Mode/Terms of Payment 30 DAYS
Consignee (Ship to) DCDC Health Service Pvt. Ltd. District Hospital, Pilibhit; Dialysis unit, Near Kendriya, Vidyalaya, Tanakpur road, Ekta nagar, Pilibhit, Uttar Pradesh, pin-262001; Contact No : 9045801912 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09	Reference No. & Date.	Other References
	Buyer's Order No. 89-032024-25398	Dated 5-Mar-24
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	Dispatch Doc No.	Delivery Note Date
	Dispatched through SAFEXPRESS	Destination PILIBHIT
	Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Dry Dialysate 36.83x – 50 Lit.MIX (With Part B) Batch : DC2324421 Expiry: 28-Feb-26	30049032	50 Pcs 50 Pcs	825.00	Pcs		41,250.00
	IGST Output						4,950.00
			50 Pcs				46,200.00

Stock/No. of Boxes Received 50
 Subject to Physical Check
 Name/Employee Code 191972 / Mahesh Raza
 Centre Name Pilibhit
 Date/Time 13/3/24 3:40 PM
 Signature M. Raza M. No. 9045801912

Amount Chargeable (in words)
Indian Rupees Forty Six Thousand Two Hundred Only

Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
41,250.00	12%	4,950.00	4,950.00
Total: 41,250.00		4,950.00	4,950.00

Tax Amount (in words) : **Indian Rupees Four Thousand Nine Hundred Fifty 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 : **UBININBBOCL**

Customer's Seal and Signature _____ for ARIVATION HEALTHCARE PRIVATE LIMITED