

Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 26b1f86fc9cff1d8d3cf3c2f20ac30a920a677d64f58f0ba4-494ab142c0faa8f  
 Ack No. : 182415971436500  
 Ack Date : 13-Apr-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	Invoice No.	Dated
	AHPL/2425/052	13-Apr-24
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	Vessel/Flight No.	Place of receipt by shipper:
	City/Port of Loading	City/Port of Discharge
	Terms of Delivery	

**Consignee (Ship to)**  
**DCDC Health Service Pvt. Ltd.**  
 Civil Hospital Bhiwani, 1st Floor, Near PMO Office, Ch.  
 Bansilal Civil Hospital Ghanta Ghar Chowk, Haryana  
 -127021, Contact No : 9813981347  
 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 : Delhi

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount	
1	Dry Dialysate 36.83x – 50 Lit.MIX (With Part B) Batch : DC2425002 Expiry : 30-Apr-26	30049032	12 %	50 Pcs 50 Pcs	825.00	Pcs		41,250.00	
	<b>Igst Output</b>							4,950.00	
	Stock/No. of Boxes Received ..... 50 Subject to Physical Check Name/Employee Code ..... Centre Name ..... Date/Time ..... Signature ..... M. No. 85060-00716								
	<b>Total</b>								<b>₹ 46,200.00</b>

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

Company's Bank Details  
 A/c Holder's Name : ARIVATION HEALTHCARE PRIVATE LIMITED  
 Bank Name : Union Bank of India  
 A/c No. : 01522501000001  
 Branch & IFS Code : Dharmatolla Branch & UBIN0530131  
 SWIFT Code : UBININBBOCL

Declaration  
 DL No: WB/KOL/NBOW/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

for ARIVATION HEALTHCARE PRIVATE LIMITED  

 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION  
 This is a Computer Generated Invoice