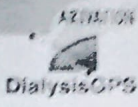


Tax Invoice Cum Delivery Challan

	ARIVATION HEALTHCARE PRIVATE LIMITED Site Office: 19/24 Dr. Suresh Chandra Banerjee Road KOLKATA Kolkata WB KOLKATA-700010 GSTIN/UIN: 19AAASCA6131H1ZF State Name : West Bengal, Code : 19 Contact : 8289516602, 9836667979 E-Mail : arivationhealthcare@gmail.com www.arivation.com	Invoice No. : 44444444 Invoice Date : 15-Jul-23	Dated : 15-Jul-23	
	Expiry Note : Reference No. & Date :	Method/Terms of Payment : 30 DAYS	Other Preferences :	
	Buyer's Order No. : Dispatch Date No. :	93-462023-22987-1 Dispatch Date No. :	Dated : 27-Jun-23 Delivery Note Date :	
	Dispatched through : Bill of Lading/Receipt No. : dt. 15-Jul-23	SAFEXPRESS dt. 15-Jul-23	Destination : Motor Vehicle No. : GJ31T4517	
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 : DC2324163 Expiry: 31-Jul-25 Batch : DC2324164 Expiry: 31-Jul-25	30049002	500 Pcs	189.00	Pcs		84,500.00
	Igst Output						10,140.00
Total							500 Pcs
							₹ 94,640.00

Stock/No. of Boxes Received ... 120
 Subject to Physical Check
 Name/Employee Code ... ROHIT 1000097
 Centre Name ... CHHISAR
 Date/Time ... 27-7-23
 Signature ... [Signature] M. No. 852600593

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

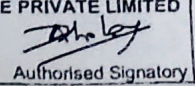
Taxable Value	IGST		Total Tax Amount
	Rate	Amount	
84,500.00	12%	10,140.00	10,140.00
Total: 84,500.00		10,140.00	10,140.00

Tax Amount (in words) : **Indian Rupees Ten Thousand One Hundred Forty 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. : **01522501000001**
 Branch & IFS Code : **Dharmatolla Branch & UBIN0901521**

Customer's Seal and Signature

for ARIVATION HEALTHCARE PRIVATE LIMITED

 Authorised Signatory