

Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 330fff1a9d3cfb6363b77cddb79aada15f79aca59ab54997-3f62aaa488f73316
 Ack No. : 182415565053788
 Ack Date : 21-Feb-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, Lakhimpur Khiri, Near T.B ward Hospital, road, Dist, Police line, Lakhimpur, Uttar pradesh 262701, Contact No : 6393323652 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/2324/486	Dated 21-Feb-24
	Delivery Note	Mode/Terms of Payment 30 DAYS
	Reference No. & Date.	Other References
	Buyer's Order No. 87-022024-25086	Dated 7-Feb-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through SAFEXPRESS	Destination LAKHIMPUR KHIRI
	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	Dry Dialysate 36.83x – 50 Lit.MIX (With Part B) Batch : DC2324419 Expiry : 28-Feb-26	30049032	50 Pcs 50 Pcs	825.00	Pcs		41,250.00
2	DRY CITRATE 10 LTR K + FREE(PARTA+PARTB-1:2) Batch : DC2324360 Expiry : 31-Dec-25	30049032	20 Pcs 20 Pcs	169.00	Pcs		3,380.00
							44,630.00
							5,355.60
		Total	70 Pcs				₹ 49,985.60

Igst Output
 Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code *Om Sharmy / 11979*
 Centre Name *Lakhimpur*
 Date/Time *21/02/24 12:10 PM*
 Signature *[Signature]* M. No. *7309390559*

Amount Chargeable (in words) **Indian Rupees Forty Nine Thousand Nine Hundred Eighty Five and Sixty paise Only** E. & O.E

Declaration
 DL No: WB/KOL/NBO/W/320645 & WB/KOL/BOW/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
for ARIVATION HEALTHCARE PRIVATE LIMITED

[Signature]
 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION
 This is a Computer Generated Invoice