

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**  
 248, First Floor, Cycle Mkt,  
 Jhandewalan Extension,  
 New Delhi-110 055  
 3811116228  
 AAECG9710C  
 DL Number-DL-MTM-145471 DT 22.06.2021  
 GSTIN/UIN: 07AAECG9710C1ZV  
 State Name : Delhi, Code : 07  
 CIN: U85100DL2011PTC227049  
 E-Mail: [veek@gautamhealthcare.com](mailto:veek@gautamhealthcare.com)  
 Consignee (Ship to)  
**DCDC Health Services Private Limited**  
 Medical College BHU  
 Department of Nephrology Dialysis unit Sir Sunder Lal  
 Hospital BHU, Lanka Varanasi-221005, 221005  
 Contact No : 8506000492  
 State Name : Uttar Pradesh, Code : 09  
 Buyer (Bill to)  
**DCDC Health Services Private Limited**  
 C-185, Maypuri Industrial Area  
 Phase-II  
 Mayapuri  
 New Delhi-110064  
 State Name : Delhi, Code : 07

Invoice No. e-Way Bill No. Dated  
**GST/24-25/326 771433640441 5-Jun-24**  
 Delivery Note Mode/Terms of Payment  
**30 Days**  
 Reference No. & Date. Other References  
 Buyer's Order No. Dated  
**77-062024-26343 4-Jun-24**  
 Dispatch Doc No. Delivery Note Date  
 Dispatched through Destination  
 Terms of Delivery

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Set for Haemodialysis Curum (Post Pump)</b> Batch : 24040021 Expiry : 31-Jan-28	90189099	<b>1,800 pcs</b> 1,800 pcs	100.00	pcs	<b>1,80,000.00</b>
2	<b>AVF2516LF01E Vital 16G</b> Batch : 2402150113 Expiry : 8-May-26	90183990	<b>1,500 pcs</b> 1,500 pcs	11.50	pcs	<b>17,250.00</b>
3	<b>AVF2517LF01E Vital G17</b> Batch : 2402150076 Expiry : 3-Nov-26	90183990	<b>1,000 pcs</b> 1,000 pcs	11.50	pcs	<b>11,500.00</b>
4	<b>Av Set Online Plus 5008 (F00000384)</b> Batch : E1UG033	90189032	<b>100 pcs</b> 100 pcs	560.00	pcs	<b>56,000.00</b>
						<b>2,64,750.00</b>
						<b>15,885.00</b>
						<b>15,885.00</b>
<b>CGST</b>						
<b>SGST</b>						
<b>81</b>						
						<b>2,96,520.00 ₹</b>

Stock/No. of Boxes Received ..... *81 Box*  
 Subject to Physical Check *yes*  
 Name/Employee Code ..... *P. K. S.*  
 Centre Name ..... *B. H. U.*  
 Date/Time ..... *10/06/2024*  
 Signature ..... *P. K. S.* M. No. *9335905215*

Amount Chargeable (in words) **Two Lakh Ninety Six Thousand Five Hundred Twenty INR Only** **E. & O.E**

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189099	1,80,000.00	6%	10,800.00	6%	10,800.00	21,600.00
90183990	28,750.00	6%	1,725.00	6%	1,725.00	3,450.00
90189032	56,000.00	6%	3,360.00	6%	3,360.00	6,720.00
<b>Total</b>	<b>2,64,750.00</b>		<b>15,885.00</b>		<b>15,885.00</b>	<b>31,770.00</b>

Tax Amount (in words) **Thirty One Thousand Seven Hundred Seventy INR Only**

Company's PAN : **AAECG9710C**  
 Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.  
 Company's Bank Details  
 A/c Holder's Name : **Gautam Healthcare Private Limited**  
 Bank Name : **Axis Bank Limited**  
 A/c No. : **917020076226068**  
 Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**  
 for Gautam Healthcare Private Limited  
 Authorised Signatory

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**

248, First Floor, Cycle Mkt,  
Jhandewalan Extension,  
New Delhi-110 055  
9511116228  
AAECG9710C  
DL Number-DL-MTM-145471 DT 22.06.2021  
GSTIN/UIN: 07AAECG9710C1ZV  
State Name : Delhi, Code : 07  
CIN: U85100DL2011PTC227049  
E-Mail: vivek@gautamhealthcare.com

Consignee (Ship to)

**DCDC Health Services Private Limited**

Ford Hospital  
Samne Ghat Rd, Near BHU Trauma Center, Balaji Nagar,  
Colony, 221005  
Contact No : 9621142903  
State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)

**DCDC Health Services Private Limited**

C-185, Mayapuri Industrial Area  
Phase-II  
Mayapuri  
New Delhi-110064  
State Name : Delhi, Code : 07

Invoice No. <b>GST/24-25/321</b>	Dated <b>5-Jun-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>109-062024-26293</b>	Dated <b>4-Jun-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Set for Haemodialysis Curum (Post Pump)</b> Batch : 24040021 Expiry : 31-Jan-28	90189099	<b>75 pcs</b> 75 pcs	100.00	pcs	<b>7,500.00</b>
						<b>CGST 450.00</b>
						<b>SGST 450.00</b>
<b>Total</b>						<b>75 pcs</b>
<b>Total</b>						<b>8,400.00 ₹</b>

Amount Chargeable (in words)

**Eight Thousand Four Hundred INR Only**

E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189099	7,500.00	6%	450.00	6%	450.00	900.00
<b>Total</b>			<b>7,500.00</b>		<b>450.00</b>	<b>900.00</b>

Tax Amount (in words) : **Nine Hundred INR Only**

Company's PAN : **AAECG9710C**

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Company's Bank Details

A/c Holder's Name: **Gautam Healthcare Private Limited**

Bank Name : **Axis Bank Limited**

A/c No. : **917020076226068**

Branch & IFS Code: **Jhandewalan Extension & UTIB0000738**

for Gautam Healthcare Private Limited

Authorised Signatory