

**TAX INVOICE**

(DUPLICATE FOR TRANSPORTER)

**Gautam Healthcare Private Limited**

248, First Floor, Cycle Mkt,  
Jhandewalan Extension,  
New Delhi-110 055  
9811116228  
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**

District Hospital sant kabir nagar  
District Hospital, Mehdawal Road, Khalilabad, 272175  
Contact No : 9554310933  
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/2324/1273</b>	Dated <b>12-Feb-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>90-022024-25076</b>	Dated <b>7-Feb-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>AVF2516LF01E Vital 16G</b> Batch : 2302150312 Expiry : 5-Nov-26	90183990	<b>500 pcs</b> 500 pcs	11.50	pcs	<b>5,750.00</b>
2	<b>Set for Haemodialysis Curum (Post Pump)</b> Batch : 24010711 Expiry : 31-Dec-28	90189099	<b>200 pcs</b> 200 pcs	100.00	pcs	<b>20,000.00</b>
						25,750.00
<b>CGST</b>						<b>1,545.00</b>
<b>SGST</b>						<b>1,545.00</b>
<b>Total</b>						<b>28,840.00 ₹</b>

Stock/No. of Boxes Received 5 Box  
Subject to Physical Check  
Name/Employee Code 1502127  
Centre Name Sant Kabir Nagar  
Date/Time 23/02/2024 / 17:42 pm  
Signature [Signature] M. No. SSS4310933

Amount Chargeable (in words)

**Twenty Eight Thousand Eight Hundred Forty INR Only**

E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	5,750.00	6%	345.00	6%	345.00	690.00
90189099	20,000.00	6%	1,200.00	6%	1,200.00	2,400.00
<b>Total</b>	<b>25,750.00</b>		<b>1,545.00</b>		<b>1,545.00</b>	<b>3,090.00</b>

Tax Amount (in words) : **Three Thousand Ninety 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