

Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 55dd11636003db8d4590e69cfcha590e015f4f5-
e422471ce7e9f68e26bdce84b
Ack No. : 182314510105038
Ack Date : 29-Sep-23

<p>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 www.arivation.com</p>	Invoice No.	Dated
	AHPL/2324/276	29-Sep-23
	Delivery Note	Mode/Terms of Payment
		30 DAYS
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	71-092023-23728	6-Sep-23
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	DELHIVERY	Fatehabad
	Bill of Lading/LR-RR No.	Motor Vehicle No.
	dt. 29-Sep-23	
	Terms of Delivery	

Consignee (Ship to)
DCDC Health Service Pvt. Ltd.
 Civil Hospital Fatehabad, Dialysis Unit,
 Ground Floor, Near Bus Stand, Model Town
 Fatehabad, 125050, Contact No: 8929067527
 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 : Haryana

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Cartridge Filter 20" Jumbo Wound	84219900	24 Pcs	300.00	Pcs		7,200.00
	<i>lgst Output</i>						1,296.00
Total							8,496.00

Stock/No. of Boxes Received 2
 Subject to Physical Check ✓
 Name/Employee Code
 Centre Name
 Date/Time (31.09.23) (3:15 PM)
 Signature: Vinem

Amount Chargeable (in words) **Indian Rupees Eight Thousand Four Hundred Ninety Six Only** E. & O.E

	Taxable Value	IGST		Total
		Rate	Amount	
	7,200.00	18%	1,296.00	1,296.00
Total:	7,200.00		1,296.00	1,296.00

Tax Amount (in words) : **Indian Rupees One Thousand Two Hundred Ninety Six Only**

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

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 & UBIN0901521**
 SWIFT Code : **UBININBBOCL**

Customer's Seal and Signature _____ for ARIVATION HEALTHCARE PRIVATE LIMITED