

TAX INVOICE **Q: - 261048608** (ORIGINAL FOR RECIPIENT)

**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

Invoice No. <b>GST/24-25/130</b>	Dated <b>14-May-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>102-052024-26008</b>	Dated <b>4-May-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Consignee (Ship to)  
**DCDC Health Services Private Limited**  
 District Hospital Mainpuri  
 Dialysis Center, maharaja tej pratap singh district hospital  
 mainpuri Uttar Pradesh, 205001  
 Contact No : 7895170086  
 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

Terms of Delivery  
**3 Box**

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Set for Haemodialysis Curum (Post Pump)</b> Batch : 24040022 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>8,400.00 ₹</b>

Stock/No. of Boxes Received ..... **(3)** .....  
 Subject to Physical Check  
 Name/Employee Code ... **Nagendra Pratab (DC02210)** ...  
 Centre Name **HDU, Mainpuri (U.P.)**  
 Date/Time **10.05.2024 11:11 AM**  
 Signature **[Signature]** M. No. **7895170086**

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