

Tax Invoice

(ORIGINAL FOR RECIPIENT)

medikabazaar Boston Ivy Healthcare Solutions Pvt Ltd A-261, Gr. Floor, Okhla Industrial Area Phase-1, Tughlaka Bad, New Delhi - 110020 DL-TGB-133418 DL-TGB-133419 GSTIN/UIN: 07AAFGB5524J1ZO State Name : Delhi, Code : 07 E-Mail : accounts@medikabazaar.com	Invoice No. DL/22-23/02632	Dated 31-May-22
	Delivery Note	Mode/Terms of Payment 45 Days
Consignee (Ship to) DCDC Health Services Private Limited Civil Hospital Rohtak Quilla Rd, Company Bagh, Rohtak, Haryana, 124001 MOB. 9991777367 State Name : Haryana, Code : 06 Buyer (Bill to) DCDC Health Services Private Limited C-185, First Floor, Mayapuri Industrial Area phase-II, Mayapuri, New Delhi-110064 MOB. 8506004550 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07	Reference No. & Date. DL/22-23/02632 dt. 31-May-22	Other References OM1047444911
	Buyer's Order No. 57-052022-17048-4	Dated 21-May-22
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination ROHTAK
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	GST Rate	MRP/Marginal	Quantity	Rate	per	Disc. %	Amount
1	Renocel 4000IU Injection Batch : 11020101 Expiry: 30-Apr-24	30021500	12 %	1,760.00/NOS	500 NOS 500 NOS	145.00	NOS		72,500.00
	<i>Output CGST</i>								4,350.00
	<i>Output SGST</i>								4,350.00
<i>Voucher closed</i>									
Total					500 NOS				Rs. 81,200.00

Amount Chargeable (in words) **INR Eighty One Thousand Two Hundred Only** E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
30021500	72,500.00	6%	4,350.00	6%	4,350.00	8,700.00
Total	72,500.00		4,350.00		4,350.00	8,700.00

Tax Amount (in words) : **INR Eight Thousand Seven Hundred Only**

Company's PAN : **AAFGB5524J**

Declaration
 "We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct."
Terms & Conditions :
 1) We are a MSME Regd. Co. with Reg. No. MH18D0004716
 2) Goods once sold will not be taken back
 3) If due amount is not paid as per agreed payment terms interest will be charged at 18% p.a for delayed payment.
 4) Parties agreed post warranty, service of medical equipment or machinery traded under this invoice shall be at the sole discretion of Company or its affiliates only.
 5) The product are sold AS IS by Company, the original Manufacturer / Supplier shall be responsible for any warranty or liabilities."

Company's Bank Details
 A/c Holder's Name : **Boston Ivy Healthcare Solutions Pvt Ltd**
 Bank Name : **ICICI BANK LTD.**
 A/c No. : **001105031488**
 Branch & IFS Code: **Waterfield Road, W, Mumbai & ICIC0000038**
 SWIFT Code :

 for Boston Ivy Healthcare Solutions Pvt Ltd

Prepared by _____ Verified by _____ Authorised Signatory _____