

Tax Invoice Cum Delivery Challan

e-Invoice



Invoice No. : 849354ca145828f6a0209e6d878fa6b3d841b7b21a74129-a1c3a8163c39da439  
 Invoice No. : 182415724437884  
 Invoice Date : 12-Mar-24

**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

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 Civil Hospital Bahadurgarh, DCDC KIDNEY CARE,  
 CIVIL HOSPITAL, BAHADURGARH, MADHYA MARG,  
 OLD INDUSTRIAL AREA, HARYANA, 124507;  
 Contact No : 8506006622  
 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 : Delhi

Invoice No.	<b>AHPL/2324/546</b>	Dated	<b>12-Mar-24</b>
Delivery Note		Mode/Terms of Payment	<b>30 DAYS</b>
Reference No. & Date.		Other References	
Buyer's Order No.	<b>46-032024-25595</b>	Dated	<b>11-Mar-24</b>
Dispatch Doc No.		Delivery Note Date	
Dispatched through	<b>DELHIVERY</b>	Destination	<b>Bahadurgarh</b>
Vessel/Flight No.		Place of receipt by shipper:	
City/Port of Loading		City/Port of Discharge	
Terms of Delivery			

SI No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	<b>DIALYZER 1.6 OCI HD16L</b> Batch : 230936 Expiry : 15-Sep-26	90189031	<b>120 Pcs</b> 120 Pcs	290.00	Pcs		<b>34,800.00</b>
	<i>Igst Output</i>						<b>1,740.00</b>
	<i>Stock/No. of Boxes Received ... Box 51</i>						
	<i>Subject to Physical Check</i>						
	<i>Name/Em: ... Dhan 504</i>						
	<i>Centre Name ... CH Bahadurgarh</i>						
	<i>Date/Time ... 14/3/24 4:20PM</i>						
	<i>Signature ... M. No. 8506006622</i>						
	<b>Total</b>		<b>120 Pcs</b>				<b>₹ 36,540.00</b>



Amount Chargeable (in words)  
**Indian Rupees Thirty Six Thousand Five Hundred Forty Only**

Declaration  
 DL No: WB/KOL/NBO/W/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. : 015225010000001  
 Branch & IFS Code : Dharmatolla Branch & UBIN0530131  
 SWIFT Code : UBININBBOCL

for ARIVATION HEALTHCARE PRIVATE LIMITED

*Dhan 504*  
 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION  
 This is a Computer Generated Invoice

