Gautam Healthcare Private Limited

Invoice No.

e-Way Bill No. Dated

Ihandayalan Extansion	SST/24-25/1030 Delivery Note		8-Oct-24 Mode/Terms of Payment 30 Days			
DI ALI	Reference No. & Date. Other References			es		
E-Mail: Vivek@gautamneaithcare.com	Buyer's Order No. 46-102024-27784		Dated	Dated		
Consignee (Ship to)			4-Oct-24			
DODO Hankle Campiana Duitenta Limited				Delivery Note Date Destination		
Contact No : 8506006622	Terms of Del	ivery				
State Name : Haryana, Code : 06						
Buyer (Bill to) DCDC Health Services Private Limited C-185,Maypuri Industrial Area Phase-II Mayapuri New Delhi-110064 State Name : Delhi, Code : 07						
SI Description of Goods	HSN/SAC	Quantity	Rate	per	Amount	
No.	30049099	70 Na-	850.00	Noe	59,500.00	
1 HBM DC-04 DRY CITRATE 50 LTR MIX PART A+B WITH DEX Batch: 2409346	30049099	70 Nos 50 Nos	000.00	1405	39,300,00	
Expiry: 31-Aug-26 Batch: 2409345 Expiry: 31-Aug-26		20 Nos				
CGS7 SGS7					3,570.00 3,570.00	
Stock/No. of Boxes Received	0504 30M	6622		BAHAD COLO	_ /	
Total		70 Non		00	C40.00 X	
Tota Amount Chargeable (in words)	1	70 Nos		66	,640.00 ₹ E. & O.E	
Sixty Six Thousand Six Hundred Forty INR Only					L. Q U.E	
HSN/SAC Taxable	e C	GST	SGST/L	ITGST	Total	
Value	and the same of th			Amount	Tax Amount	
		3,570.00	6%	3,570.00	7,140.00	
30049099 59,500 Total 59,500		3,570.00	1	3,570.00	7,140.00	