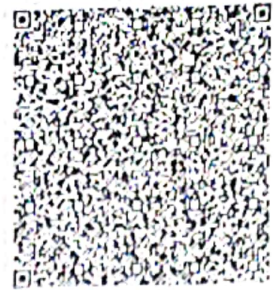


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : cc4f6caf721b81752910ad06e6c8519f17e918d843d0dc2f-  
caf9107fd8b24928  
Ack No. : 182415714624861  
Ack Date : 11-Mar-24

|  |                       |                              |
|--|-----------------------|------------------------------|
| <b>ARIVATION HEALTHCARE PRIVATE LIMITED</b><br>Site Office: 16/24 Dr. Suresh Chandra Banerjee Road<br>KOLKATA Kolkata WB<br>KOLKATA-700010<br>GSTIN/UIN: 19AASCA6131H1ZF<br>State Name : West Bengal, Code : 19<br>Contact : 6289556902,9836667979<br>E-Mail : arivationhealthcare@gmail.com | Invoice No.           | Dated                        |
|  | AHPL/2324/535         | 11-Mar-24                    |
| Consignee (Ship to)<br><b>DCDC Health Service Pvt. Ltd.</b><br>Civil Hospital Fatehabad, Dialysis unit, Ground floor,<br>Near bus stand, Model Town, Fatehabad -125050,<br>Haryana, Contact No : 8929067527<br>GSTIN/UIN : 07AAFCD0204K1Z1<br>State Name : Haryana, Code : 06                | Delivery Note         | Mode/Terms of Payment        |
|  |                       | 30 DAYS                      |
| Buyer (Bill to)<br><b>DCDC Health Service Pvt. Ltd.</b><br>C-185, Mayapuri Industrial Area phase- 2, Mayapuri,<br>New Delhi-110064<br>GSTIN/UIN : 07AAFCD0204K1Z1<br>State Name : Delhi, Code : 07<br>Place of Supply : Delhi  | Reference No. & Date. | Other References             |
|  |                       |                              |
|  | Buyer's Order No.     | Dated                        |
|  | 71-032024-25368       | 5-Mar-24                     |
|  | Dispatch Doc No.      | Delivery Note Date           |
|  |                       |                              |
|  | Dispatched through    | Destination                  |
|  | SAFEXPRESS            | FATEHABAD                    |
|  | Vessel/Flight No.     | Place of receipt by shipper: |
|  |                       |                              |
|  | City/Port of Loading  | City/Port of Discharge       |
|  |                       |                              |
|  | Terms of Delivery     |                              |

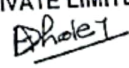
| SI No. | Description of Goods   | HSN/SAC  | Quantity         | Rate   | per | Disc. % | Amount      |
|--------|--|----------|------------------|--------|-----|---------|-------------|
| 1      | Dry Dialysate 36.83x – 50 Lit.MIX (With Part B)<br>Batch : DC2324425<br>Expiry : 31-Mar-26 | 30049032 | 40 Pcs<br>40 Pcs | 825.00 | Pcs |         | 33,000.00   |
| 2      | DRY CITRATE 10 LTR K + FREE(PARTA+PARTB-1:2)<br>Batch : DC2324360<br>Expiry : 31-Dec-25    | 30049032 | 20 Pcs<br>20 Pcs | 169.00 | Pcs |         | 3,380.00    |
|        |  |          |                  |        |     |         | 36,380.00   |
|        |  |          |                  |        |     |         | 4,365.60    |
|        | <b>Igst Output</b>   |          |                  |        |     |         |             |
|        | Total  |          | 60 Pcs           |        |     |         | ₹ 40,745.60 |

E. & O.E

Amount Chargeable (in words)  
**Indian Rupees Forty Thousand Seven Hundred Forty Five and Sixty paise Only**

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

Declaration  
 DL No: WB/KOL/NBOW/320645 & WB/KOL/BOW/320645  
 MSME UAM No. WB10D0023343  
 Interest @24% PA will be charged after credit period  
 Goods once sold will not be taken back or exchanged

for ARIVATION HEALTHCARE PRIVATE LIMITED  
  
 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION  
 This is a Computer Generated Invoice

Stock/No. of Boxes Received ..... 44 .....  
 Subject to Physical Check  
 Name of Buyer : DISHA 3396  
 Centre Name : Fatehabad  
 Date : 15-03-24 12:00PM  
 Signature : 