

**TAX INVOICE**

(DUPLICATE FOR TRANSPORTER)

**Gautam Healthcare Private Limited**

24B, First Floor, Cycle Mkt,  
Jhandewalan Extension,  
New Delhi-110 055  
9811110228  
AAECG9710C  
DL Number-DL-MTM-145471 DT 22.08.2021  
GSTIN/UIN: 07AAECG9710C1ZV  
State Name : Delhi, Code : 07  
CIN: U85100DL2011PTC227049  
E-Mail : vivek@gautamhealthcare.com

**DCDC Health Services Private Limited**

District Hospital Lalitpur  
Dialysis Center, Manywar Kanshiram Joint District Hospital,  
Civil Lines, Lalitpur UP, 284403  
Contact No : 8770441244  
State Name : Uttar Pradesh, Code : 09

**DCDC Health Services Private Limited**

C-185, Mayapuri Industrial Area  
Phase-II  
Mayapuri  
New Delhi-110064  
State Name : Delhi, Code : 07

Invoice No.	Dated
<b>GST/24-25/47</b>	<b>9-Apr-24</b>
Delivery Note	Mode/Terms of Payment
	<b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No.	Dated
<b>95-042024-25816</b>	<b>6-Apr-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>AVF2516LF01E Vital 16G</b> Batch : 2302150312 Expiry : 5-Nov-26	90183990	<b>500 pcs</b> 500 pcs	11.50	pcs	<b>5,750.00</b>
2	<b>AVF2517LF01E Vital G17</b> Batch : 2302150038 Expiry : 12-Mar-26	90183990	<b>500 pcs</b> 500 pcs	11.50	pcs	<b>5,750.00</b>
						11,500.00
<b>CGST</b>						<b>690.00</b>
<b>SGST</b>						<b>690.00</b>
		<b>Total</b>	<b>1,000 pcs</b>			<b>12,880.00 ₹</b>

Stock/No. of Boxes Received ..... 1 ✓  
 Subject to Physical Check ✓  
 Name/Employee Code ..... *Yuvraj D. 2147*  
 Centre Name ..... *H.D. Lalitpur*  
 Date/Time ..... *13/4/24 11:00 AM*  
 Signature ..... *Yuvraj* M. No. *9148387871*

Amount Chargeable (In words) **Twelve Thousand Eight Hundred Eighty INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	11,500.00	6%	690.00	6%	690.00	1,380.00
<b>Total</b>	<b>11,500.00</b>		<b>690.00</b>		<b>690.00</b>	<b>1,380.00</b>

Tax Amount (In words) : **One Thousand Three Hundred Eighty 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

This is a Computer Generated Invoice