

Tax Invoice Cum Delivery Challan

e-Invoice

IRN : c16642ee1375f8099de93e035e93afed40b04c0606dd57b7-
f6cd1a301061b319
Ack No. : 182415941814491
Ack Date : 9-Apr-24



<p>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</p>	Invoice No. 6-May Bill No AHPLI2425/027 231402700979	Dated 9-Apr-24
	Delivery Note Reference No. & Date Buyer's Order No. 95-042024-25816	Method/Terms of Payment 30 DAYS Cash/Advance Dispatch Date 5-Apr-24
Consignee (Ship to) DCDC Health Service Pvt. Ltd. District Hospital Lalitpur, Dialysis Center, Manywar Kanshiram Joint District Hospital Civil Lines, Lalitpur, UP, 284403, Contact No : 8770441244 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09	Terms of Delivery	
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		

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	Dry Dialysate 36.83x – 50 Lit.MIX (With Part B) Batch : DC2324429 Expiry : 31-Mar-26 Igst Output	30049032	12 %	60 Pcs 60 Pcs	825.00	Pcs		49,500.00
								5,940.00
	Total			60 Pcs				₹ 55,440.00

Stock/No. of Boxes Received 60
 Subject to Physical Check
 Name/Employee Code 100001/DC2024
 Centre Name DCDC Lalitpur
 Date/Time 13/4/24 11.00 p.m.
 Signature [Signature] M. No. 9148357071

Amount Chargeable (in words) **Indian Rupees Fifty Five Thousand Four Hundred Forty Only** E. & O E

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**

[Signature]
 Authorized Signatory

SUBJECT TO KOLKATA JURISDICTION
 This is a Computer Generated Invoice