

Tax Invoice Cum Delivery Challan

e-Invoice



IN 7dc02808c7197f37968239bdd781fb2acc585-
5ca095b51110877cc2b3ff18538
Ack No. : 182314135718086
Ack Date : 8-Aug-23

ARIVATION HEALTHCARE PRIVATE LIMITED
Site Office: 16/24 Dr. Suresh Chandra Banerjee Road
KOLKATA A Kolkata WB
KOLKATA-700010
GSTIN/UIN: 19AASCA6131H1ZF
State Name: West Bengal, Code: 19
Contact: 6289556902, 9836667979
E-Mail: arivationhealthcare@gmail.com
www.arivation.com

Invoice No.	Dated
AHPL/2324/183	8-Aug-23
Delivery Note	Mode/Terms of Payment
	30 DAYS
Reference No. & Date.	Other References
Buyer's Order No.	Dated
70-082023-23372	7-Aug-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
SAFEXPRESS	SIMDEGA
Bill of Lading/LR-RR No.	Motor Vehicle No.
dt. 8-Aug-23	
Terms of Delivery	

Consignee (Ship to)
DCDC Health Service Pvt. Ltd.
Sadar Hospital Simdega, NH 23, THANA
TOLLI, SALDEGA, JHARKHAND-835223,
Contact No : 8506000395
GSTIN/UIN : 07AAFCD0204K1Z1
State Name : Other Territory, Code : 97

Buyer (Bill to)
DCDC Health Service Pvt. Ltd.
C-185, Mayapuri Industrial Area phase- 2,
Mayapuri, New Delhi-110064
GSTIN/UIN : 07AAFCD0204K1Z1
State Name : Other Territory, Code : 97
Place of Supply : Other Territory

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount	
1	DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2) Batch : DC2324217 Expiry: 31-Aug-25	30049032	100 Pcs 100 Pcs	169.00	Pcs		16,900.00	
	IGST Output						2,028.00	
Total							100 Pcs	₹ 18,928.00

Stock/No. of Boxes Received **20 BOX**
Subject to Physical Check
Name/Employee Code **Charish Kumar**
Centre Name **PH - SIMDEGA**
Date/Time **17/8/23 / 2:15 pm**
Signature **[Signature]** M. No. **9852393824**

Amount Chargeable (in words)
Indian Rupees Eighteen Thousand Nine Hundred Twenty Eight Only

Taxable Value	Rate	IGST	
		Amount	Tax Amount
16,900.00	12%	2,028.00	2,028.00
Total		2,028.00	2,028.00

Tax Amount (in words) - **Indian Rupees Two Thousand Twenty Eight 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
Bank Name **Union Bank of India**
A/c No. **015225010000001**
Branch & IFSC Code **Dharmatolla Branch & UBIN0901521**
for ARIVATION HEALTHCARE PRIVATE LIMITED

Customer's Seal and Signature

[Signature]
Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION
This is a Computer Generated Invoice