

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Gautam Healthcare Private Limited

248 First Floor, Cycle Mkt,
Jhandewalan Extension,
New Delhi-110 055
951116228
AAECG9710C
OL Number-DL-MTM-145471 DT 22.06.2021
GSTIN/UIN: 07AAECG9710C1ZV
State Name : Delhi, Code : 07
CIN: U85100DL2011PTC227049
E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)

DCDC Health Services Private Limited

DH, Sircilla
Government Area Hospital, Dist-Srichila
Near-Ambedkar chowk, 505301
Contact No : 6304193195
State Name : Telangana, Code : 36

Buyer (Bill to)

DCDC Health Services Private Limited

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

Invoice No.	e-Way Bill No.	Dated
GST/2324/810	711380348546	1-Nov-23
Delivery Note	Mode/Terms of Payment	
	30 Days	
Reference No. & Date.	Other References	
Buyer's Order No.	Dated	
143-102023-24113	30-Oct-23	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	
Terms of Delivery	81	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	OCI-HD140L Batch : 230753 Expiry : 31-Jul-26	90189031	1,944 pcs	295.00	pcs	5,73,480.00
						14,337.00
						14,337.00
						CGST
						SGST
Total						6,02,154.00 ₹

Amount Chargeable (in words)

Six Lakh Two Thousand One Hundred Fifty Four INR Only

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	5,73,480.00	2.50%	14,337.00	2.50%	14,337.00	28,674.00
Total			14,337.00		14,337.00	28,674.00

Tax Amount (in words) : **Twenty Eight Thousand Six Hundred Seventy Four 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 & UJIB0000738**
Stock/No. of Boxes Received: **81**
Subject to Physical Check for **Gautam Healthcare Private Limited**
Name/Employee Code: **K. K. Sircilla**
Centre Name: **Sircilla**
Date/Time: **9.11.23**
Signature: **[Signature]**
M. No. **6304193195**

This is a Computer Generated Invoice