

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**  
 248, First Floor, Cycle Mkt,  
 Jhandewalan Extension,  
 New Delhi-110 055  
 9811116228  
 AAECG9710C  
 DL Number-DL-MTM-145471 DT 22.06.2021  
 GSTIN/UIN: 07AAECG9710C1ZV  
 State Name : Delhi, Code : 07  
 CIN: U85100DL2011PTC227049  
 E-Mail : vivek@gautamhealthcare.com

Invoice No. <b>GST/2324/915</b>	e-Way Bill No. <b>781383774819</b>	Dated <b>17-Nov-23</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>	
Reference No. & Date.	Other References	
Buyer's Order No. <b>86-112023-24167</b>	Dated <b>6-Nov-23</b>	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	
Terms of Delivery		

Consignee (Ship to)  
**DCDC Health Services Private Limited**  
 District Hospital Hardoi  
 Pandit Ram Dayal Trivedi District Hospital, Avas Vikas  
 Colony, 241001  
 Contact No : 9129743658  
 State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)  
**DCDC Health Services Private Limited**  
 C-185, Maypuri Industrial Area  
 Phase-II  
 Mayapuri  
 New Delhi-110064  
 State Name : Delhi, Code : 07

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Blu002E</b> Batch : 2301151495 Expiry : 31-Oct-26	90183990	<b>180 pcs</b> 180 pcs	100.00	pcs	<b>18,000.00</b>
2	<b>Hollow Fibre Dialyser B1.4P</b> Batch : 2303102156 Expiry : 22-Aug-26	90189031	<b>48 pcs</b> 48 pcs	307.00	pcs	<b>14,736.00</b>
3	<b>AVF2516LF01E Vital 16G</b> Batch : 2302150150 Expiry : 31-Jul-26	90183990	<b>1,000 pcs</b> 1,000 pcs	11.50	pcs	<b>11,500.00</b>
4	<b>AVF2517LF01E Vital G17</b> Batch : 2302150139 Expiry : 12-Mar-26	90183990	<b>500 pcs</b> 500 pcs	11.50	pcs	<b>5,750.00</b>
						49,986.00
						<b>2,483.40</b>
						<b>2,483.40</b>
						<b>0.20</b>
						<b>54,953.00 ₹</b>
Total						<b>1,728 pcs</b>

**CGST  
SGST  
Round Off**

Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. ....

Stock/No. of Boxes Received **10 Box** .....  
 Subject to Physical Check .....  
 Name/Employee Code **AYUSH YADAV/DL00858** .....  
 Centre Name **DH-Hardoi** .....  
 Date/Time **27/11/23 04:00pm** .....  
 Signature *[Signature]* ..... M. No. **9129743658** .....

Amount Chargeable (in words) **Fifty Four Thousand Nine Hundred Fifty Three INR Only**

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	35,250.00	6%	2,115.00	6%	2,115.00	4,230.00
90189031	14,736.00	2.50%	368.40	2.50%	368.40	736.80
<b>Total</b>	<b>49,986.00</b>		<b>2,483.40</b>		<b>2,483.40</b>	<b>4,966.80</b>

Tax Amount (in words) : **Four Thousand Nine Hundred Sixty Six INR and Eighty Only**

Company's PAN : **AAECG9710C**

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 & UTIB0009738**  
 for Gautam Healthcare Private Limited

Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorised Signatory *[Signature]*

This is a Computer Generated Invoice