



Original Copy

TAX INVOICE Gupta Medical Device

KHASHRA NO 106/1, GROUND FLOOR, POOTH KALA VILLAGE NEAR 12
NOB TRANSFERMAR DELHI 110086

PAN : AWNPS2841N

GSTIN : 07AWNPS2841N1ZT

Tel. : 8470009615, 9810371170 email : gmdevice@yahoo.com

Drug Licence No. : RMD/DCD/23/ZO-5170/2023

Invoice No. : GMD/0476/23-24
Dated : 21-11-2023
Place of Supply : Delhi (07)
Reverse Charge : N
Buyer Order No : 86-112023-24157
Order Date : 6/11/2023

Supplier Ref. :
Other Ref. :
Delivery Note :
Mode/terms of P :
Despatch Throug :
Destination :

Billed to :
DCDC HEALTH SERVICE PVT
C-185, MAYAPURI INDUSTRIAL AREA PHASE 2
DELHI 11007

Shipped to :
DCDC HEALTH SERVICE PVT
DISTRICT HOSPITAL HARDOI
PANDIT RAM DAYAL TRIVEDI DISTRICT
HOSPITAL AVAS VIKASH COLONY
241001

Party PAN : AAF00204K
GSTIN / UIN : 07AAF00204K1Z1
D.L. No. :

Party PAN : AAF00204K
GSTIN / UIN : 07AAF00204K1Z1
D.L. No. :
9129743658
Ayush jai dav

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	Price	CGST Rate	CGST Amount	SGST Rate	SGST Amount	Amount(₹)
1.	SODIUM HYPOCHLORIDE 10% JAR	28289011	12.00	JAR	180.00	9.00 %	194.40	9.00 %	194.40	2,548.80

Add : Rounded Off (+)

2,548.80
0.20

Grand Total 12.00 JAR

Stock/No. of Boxes Received 3 2,549.00
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time 15/11/23 1:48 PM
Signature M. No. 9129743658

Tax Rate	Taxable Amt	CGST Amt	SGST Amt	Total Tax
18%	2,160.00	194.40	194.40	388.80

Rupees Two Thousand Five Hundred Forty Nne Only

Declaration

Section -9

BANK NAME : PUNJAN NATIONAL BANK, BRANCH : SANT NAGAR BURARI
A/C NO : 17294015001319 IFSC CODE : PUNB0172910

Bank Details : BANK DETAILS : GUPTA MEDICAL DEVICE BANK NAME & BRANCH : PNB
ACCOUNT NO : 1710005502127812 IFSC CODE : PUNB0171000

Terms & Conditions

E. & O.E.

1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Gupta Medical Device

Authorised Signatory