

Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 41026ba3de80fb5e912c3c32dd762d2bfd4dd4-60aa8dc4f740d1d71932fe19ddd  
 Ack No. : 182315025323933  
 Ack Date : 9-Dec-23

 <b>ARIVATION HEALTHCARE PRIVATE LIMITED</b> 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, 9836567979 E-Mail : arivationhealthcare@gmail.com www.arivation.com	Invoice No.	Dated
	AHPL/2324/365	9-Dec-23
Consignee (Ship to) <b>DCDC Health Service Pvt. Ltd.</b> Sadar Hospital Simdega, SADAR HOSPITAL, NH 23, THANA TOLI I, SALDEGA, SIMDEGA, JHARKHAND-83223, Contact No : 8506000305 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Jharkhand, Code : 20	Delivery Note	Mode/Terms of Payment
		30 DAYS
Buyer (Bill to) <b>DCDC Health Service Pvt. Ltd.</b> C-195, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Jharkhand	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	70-122023-24501	7-Dec-23
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	SAFEXPRESS	SIMDEGA
	Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
1	DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2) Batch : DC2324224 Expiry: 31-Aug-25  <i>1st Output</i>  Stock/No. of Boxes Received <u>110 Boxes</u> Subject to Physical Check Name/Employee Code <u>Chandra A. D. 393</u> Centre Name <u>Sadar P. E. H.</u> Date/Time <u>15.11.23 8:00 P.M.</u> Signature <u>S</u> M. No. <u>985229824</u>  Stock/No. of Boxes Received <u>110</u> Subject to Physical Check Name/Employee Code ..... Centre Name ..... Date/Time ..... Signature ..... M. No. ....	30048032	200 Pcs 200 Pcs	180.00	Pcs		33,800.00  4,056.00
Total			200 Pcs				37,856.00 E & O E

Amount Chargeable (in words) **Indian Rupees Thirty Seven Thousand Eight Hundred Fifty Six Only**

Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
33,800.00	12%	4,056.00	4,056.00
<b>Total: 33,800.00</b>		<b>4,056.00</b>	<b>4,056.00</b>

Tax Amount (in words) : **Indian Rupees Four Thousand Fifty Six 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  
 A/c Holder's Name : ARIVATION HEALTHCARE PRIVATE LIMITED  
 Bank Name : Union Bank of India  
 A/c No. : 015225010000001  
 Branch & IFS Code : Dharmatolla Branch & UBIN0901521  
 SWIFT Code : UBININBH0CL

Customer's Seal and Signature

for ARIVATION HEALTHCARE PRIVATE LIMITED  
 Authorized Signatory

SUBJECT TO KOLKATA JURISDICTION  
 PROFORMA INVOICE