# Tax Invoice



#### **B N Medical Systems Inc**

10-2-360,361, Road No.9, West Marredpally , Secunderabad, Hyderabad, Telangana GSTIN/UIN: 36AICPD5956C1ZJ State Name: Telangana, Code: 36 Contact: 040-4602 4400,09248090660

Contact: 040-4602 4400,09248090660 E-Mail: sales@bnmedicalsystems.com

Consignee

### DCDC Health Service Pvt. Ltd.

CHC Yellandu

Bhadradri Kothagudem - 507123 Contact No:- 8588850032

GSTIN/UIN : -

State Name : Telangana, Code : 36

Buyer (if other than consignee)

#### DCDC Health Service Pvt. Ltd.

C-185, Mayapuri Industrial Area Phase-II

New Delhi-110064 DL No:2014PTC265804

GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07

	Invoice No.	Dated
	99	7-Jul-2023
	Delivery Note	Mode/Terms of Payment
	118	Advance
	Supplier's Ref.	Other Reference(s)
	99	
_	Buyer's Order No.	Dated
	121-072023-23072	5-Jul-2023
	Despatch Document No.	Delivery Note Date
	118	7-Jul-2023
	Despatched through	Destination
	Transport	CHC Yellandu

Terms of Delivery

Immd

SI	Description of	HSN/SAC	GST	Quantity	Rate	per	Disc. %	Amount
No.	Goods and Services		Rate					
1 2	Sodium Hypo 10% (5Ltr) Freight Charges		18 % 0 %	24 Nos	320.00	Nos	1+	7,680.00 1,500.00
		10	=	-1/3	15		1 -	9,180.00
	IGST							1,382.40
	Total			24 Nos				₹ 10,562.40

Amount Chargeable (in words)

E. & O.E

## INR Ten Thousand Five Hundred Sixty Two and Forty paise Only

HSN/SAC	Taxable	Integ	rated Tax	Total
	Value	Rate	Amount	Tax Amount
	7,680.00	18%	1,382.40	1,382.40
Total	7,680.00		1,382.40	1,382.40

Tax Amount (in words): INR One Thousand Three Hundred Eighty Two and Forty paise Only

Company's Bank Details

Bank Name : Standard Chartered Bank

A/c No. : 44505090492

Branch & IFS Code : SP Road Secunderabad & SCBL0036081

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct. for B N Medical Systems Inc

**Authorised Signatory**