

R.C. HEALTH CARE  
 Pharmaceutical Distributors  
 F7/31 SEC-11 PRATAP VIHAR GHAZIABAD  
 OPP-LEELAWATI SCHOOL

Phone : 7838223890  
 Licence No. : UP14206000461/UP1421B000458  
 GSTIN : 09AARFR8679M1ZU

**GST INVOICE**

**CREDIT**  
 Invoice No: T0001775  
 Invoice Date: 01-12-2023  
 Invoice Due Date: 01-12-2023  
 Order No. Order Date: 01-12-2023  
 L.R. No. L.R. Date: 01-12-2023  
 Cases: 0  
 Transport

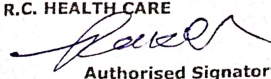
Party Name :  
**DCDC HEALTH SERVICE PVT. LTD.**  
 C-185MAYAPURI INDUSTRIAL AREA PHASE 2 N.DELHI  
 CENTER- CIVIL HOSPITAL GHAZIABAD.  
 09-UP  
 PHONE. : 8506002727

S.	Qty.	Mfr	Pack	Product Name	Batch	Exp	HSN	M.R.P	Rate	DIS	SGST	CGST	Amount	Net
1.	200	JEDU		D25 100ML FFS	G3QA01	12/24	30049099	21.28	15.00	0.00	6.00	6.00	3000.00	3360.00

Stock/No. of Boxes Received .....  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. 964365468

CLASS	TOTAL	SCHEME	DISCOUNT	SGST	CGST	TOTAL GST	Total Items :-	Total Qty :-	DIS AMT.	SGST PAYBLE	CGST PAYBLE	CR/DR NOTE
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	1	200	0.00	180.00	180.00	0.00
GST 12.00%	3000.00	0.00	0.00	180.00	180.00	360.00						
GST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00						
GST 28 %	0.00	0.00	0.00	0.00	0.00	0.00						
<b>TOTAL</b>	<b>3000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>180.00</b>	<b>180.00</b>	<b>360.00</b>						

Rs. Three Thousand Three Hundred Sixty Only  
 BANK NAME: PNB A/c no. 3946002100007556, IFSC code: PUNB0394600  
 Terms & Conditions  
 The rate of products is valid only for current Invoice.  
 All disputes subject to Jurisdiction only.  
 Invoice is not paid due date will attract 24% interest.

FOR R.C. HEALTH CARE  
  
 Authorised Signatory

**TOTAL 3000.00**  
**Grand Total 3360.00**