

**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/UID: 07AAECG9710C1ZV  
 State Name : Delhi, Code : 07  
 CIN: U85100DL2011PTC227049  
 E-Mail : vivek@gautamhealthcare.com

Invoice No. <b>GST/2324/1080</b>	Dated <b>21-Dec-23</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>53-122023-24511</b>	Dated <b>7-Dec-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Consignee (Ship to)  
**DCDC Health Services Private Limited**  
 District Hospital Siddhartha Nagar  
 DCDC Health Services Pvt. Ltd C/O District Hospital  
 Siddhartha Nagar Mudila, Naugarh,, 272207  
 Contact No : 9336723179  
 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>Hollow Fibre Dialyser B1.4P</b> Batch : 2303102382 Expiry : 31-May-24	90189031	<b>144 pcs</b> 144 pcs	307.00	pcs	<b>44,208.00</b>
						<b>1,105.20</b>
						<b>1,105.20</b>
						<b>(-).0.40</b>
	Less :					
						<b>CGST</b>
						<b>SGST</b>
						<b>Round Off</b>
						<b>46,418.00 ₹</b>
			<b>144 pcs</b>			
						<b>46,418.00 ₹</b>

Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature .....  
 M. No. ....  
 30/12/2023  
 DCDC HAKI H NAGAR  
 908100752

Amount Chargeable (in words)  
**Forty-Six Thousand Four Hundred Eighteen INR Only**

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	44,208.00	2.50%	1,105.20	2.50%	1,105.20	2,210.40
<b>Total</b>	<b>44,208.00</b>		<b>1,105.20</b>		<b>1,105.20</b>	<b>2,210.40</b>

Tax Amount (in words) : **Two Thousand Two Hundred Ten INR and Forty Only**

Company's PAN : **AAECG9710C**

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

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 & UTIB0000738**  
 for Gautam Healthcare Private Limited

Authorised Signatory