

Tax Invoice

(ORIGINAL FOR RECIPIENT)

**GAUTAM HEALTH CARE - (from 1-Apr-23)**

230, ANARKALI COMPLEX,  
JHANDEWALAN EXTN.,  
NEW DELHI-110055.  
DX # 106508 20B/106507 21B  
Tel.: 43593030/435930333  
Pan # AAHPC4944L  
GSTIN/UIN: 07AAHPC4944L1ZK  
State Name : Delhi, Code : 07  
CIN:  
E-Mail : gautamhealthcare@gmail.com

Invoice No. <b>GST/23-24/2646</b>	Dated <b>15-Feb-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>103-022024-25100</b>	Dated <b>6-Feb-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Consignee (Ship to)  
**DCDC Health Services Private Limited**  
District Hospital Kasganj  
Dialysis Center, Combined District Hospital kasganj, village  
Mammon district Kasganj Near district court kasganj,  
Uttar Pradesh-207123  
Contact No : 9584802753  
State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)  
**DCDC Health Services Private Limited**  
C-185, Mayapuri Industrial Area  
Phase-II,  
Mayapuri  
New Delhi-110064  
State Name : Delhi, Code : 07

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Mahurkar Dual Lumen Cath-Curv Dialysis Kit</b> Batch: 2319900180 Expiry: 30-Jun-28	90183990	<b>5 Pcs</b> 5 Pcs	1,800.00	Pcs	<b>9,000.00</b>

**SGST** 540.00  
**CGST** 540.00

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

Amount Chargeable (in words) **Ten Thousand Eighty Indian Rupees Only** Total **5 Pcs** **10,080.00 ₹**  
E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	9,000.00	6%	540.00	6%	540.00	1,080.00
<b>Total</b>	<b>9,000.00</b>		<b>540.00</b>		<b>540.00</b>	<b>1,080.00</b>

Tax Amount (in words) : **One Thousand Eighty Indian Rupees Only**

Company's VAT TIN : **07040189212**  
Company's CST No. : **07040189212**  
Company's PAN : **AAHPC4944L**

Company's Bank Details  
A/c Holder's Name : **GAUTAM HEALTH CARE**  
Bank Name : **ICICI Bank CC A/c**  
A/c No. : **418351000002**  
Branch & IFS Code : **Noida & ICIC0004183**

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

for GAUTAM HEALTH CARE - (from 1-Apr-23)  
Authorised Signatory

SUBJECT TO DELHI JURISDICTION  
This is a Computer Generated Invoice

