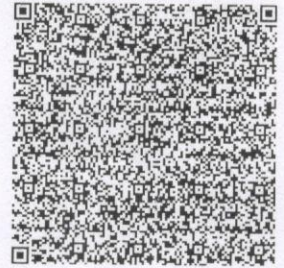


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 914c589e8746bdaee047e16ba0425f48233daefc8815507-c34a470368022e9a4
 Ack No. : 182415725854219
 Ack Date : 12-Mar-24

ARIVATION HEALTHCARE PRIVATE LIMITED Site Office: 16/24 Dr. Suresh Chandra Banerjee Road KOLKATA Kolkata WB KOLKATA-700010 GSTIN/UIN: 19AASCA6131H1ZF State Name : West Bengal, Code : 19 Contact : 6289556902,9836667979 E-Mail : arivationhealthcare@gmail.com Consignee (Ship to) DCDC Health Service Pvt. Ltd. District Hospital Mainpuri, Dialysis Center, maharaja tej pratap singh district hospital, mainpuri Uttar Pradesh, 205001, Contact No : 7895170086 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 Buyer (Bill to) DCDC Health Service Pvt. Ltd. C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Invoice No.	Dated
	AHPL/2324/561	12-Mar-24
	Delivery Note	Mode/Terms of Payment
		30 DAYS
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	102-032024-25617	11-Mar-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	DELHIVERY	Mainpuri
Vessel/Flight No.	Place of receipt by shipper:	
City/Port of Loading	City/Port of Discharge	
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	DIALYZER 1.6 OCI HD16L Batch : 230936 Expiry : 15-Sep-26	90189031	96 Pcs 96 Pcs	290.00	Pcs		27,840.00
	Igst Output						1,392.00
	Stock/No. of Boxes Received (4) Subject to Physical Check Name/Employee Code Nagendra Pratab (Dca2210) Centre Name HDU Mainpuri (U.P.) Date/Time 15-03-24 12:15 PM Signature [Signature] M. No. 7895170086						
	Total		96 Pcs				₹ 29,232.00

Amount Chargeable (in words)

Indian Rupees Twenty Nine Thousand Two Hundred Thirty Two Only

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 & UBIN0530131**
 SWIFT-Code : **UBININBBOCL**

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

for ARIVATION HEALTHCARE PRIVATE LIMITED



[Signature]
 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION

This is a Computer Generated Invoice