

Gautam Healthcare Private Limited
 248 First Floor, Cycle Mt,
 Jhandewalan Extension,
 New Delhi-110 055
 981118228
 AAECG9710C
 DL Number/DL/MTM-145471 DT 22.08.2021
 GSTIN/UIN: 07AAECG8710C1ZV
 State Name: Delhi, Code: 07
 CIN: U85100DL2011PTC227049
 E-Mail: vivek@gautamhealthcare.com
 Consignee (Ship to)

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

Invoice No. e-Way Bill No. Dated



(ORIGINAL FOR RECIPIENT)

TAX INVOICE

Invoice No. e-Way Bill No. Dated
GST/2324/1404 791408769201 28-Feb-24
 Delivery Note Mode/Terms of Payment
30 Days
 Reference No. & Date Other References
 Buyer's Order No. Dated
165-022024-24980 7-Feb-24
 Dispatch Doc No. Delivery Note Date
 Dispatched through Destination
 Terms of Delivery



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 Consignee (Ship to)

DCDC Health Services Private Limited
 DH Vijaypura
 VIJAPURA DISTRICT HOSPITAL, Dialysis unit, Athari
 road, 586101
 Contact No 7406820897
 State Name Karnataka, Code 29
 Buyer (Bill to)

DCDC Health Services Private Limited
 C-185 Mayapuri Industrial Area
 Phase-II
 Mayapuri
 New Delhi-110064
 State Name Delhi, Code: 07

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	OCI-HD140L Batch 231129 Expiry 14-Nov-26	90189031	432 pcs 432 pcs	295.00	pcs	1,27,440.00
						3,186.00
						3,186.00
						1,33,812.00 ₹

Total 432 pcs 1,33,812.00 ₹ E & O E

Amount Chargeable (in words)

One Lakh Thirty Three Thousand Eight Hundred Twelve INR Only

HSN/SAC	Taxable Value	Rate	CGST Amount	SGST/UTGST Rate	SGST/UTGST Amount	Total Tax Amount
90189031	1,27,440.00	2.50%	3,186.00	2.50%	3,186.00	6,372.00
Total	1,27,440.00		3,186.00		3,186.00	6,372.00

Tax Amount (in words)

Six Thousand Three Hundred Seventy Two INR 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**

Stock/No. of Boxes Received **18**
 Subject to Physical Check
 Name/Employee Code **DC03937**
 Centre Name **Civil Hospital Vijaypura**
 Date Generated Invoice **07/02/2024**
 Signature **M. No. 9663769991**



This is a Computer Generated Invoice