

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

9

JRMAL

Gautam Healthcare Private Limited
 First Floor, Cycle Mkt,
 Jhandewalan Extension,
 New Delhi-110 055
 9811116228
 AAECG9710C
 DL Number-DL-MTM-145471 DT 22.06.2021
 GSTIN/UIN: 07AAECG9710C1ZV
 State Name : Delhi, Code : 07
 CIN: U85100DL2011PTC227049
 E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)
DCDC Health Services Private Limited
 Ford Hospital
 Samne Ghat Rd, Near BHU Trauma Center, Balaji Nagar,
 Colony, 221005
 Contact No : 7071714200
 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

Invoice No. e-Way Bill No.	Dated
GST/2324/440	10-Aug-23
Delivery Note	Mode/Terms of Payment
	30 Days
Reference No. & Date.	Other References
Buyer's Order No.	Dated
109-082023-23346	7-Aug-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Blu002E Batch : 2301150935 Expiry: 30-May-26	90183990	60 pcs 60 pcs	100.00	pcs	6,000.00
2	Hollow Fibre Dialyser 1.4PF Batch : 2303101092 Expiry: 10-Jun-26	90189031	96 pcs 96 pcs	285.00	pcs	27,360.00
3	Hollow Fibre Dialyser B1.4P Batch : 2303100973 Expiry: 11-May-26	90189031	72 pcs 72 pcs	307.00	pcs	22,104.00
						55,464.00
						CGST
						1,596.60
						SGST
						1,596.60
Less :						Round Off
						(-).020

Stock/No. of Boxes Received **9 box**
 Subject to Physical Check
 Name/Employee Code **Maya / D.C. 1135**
 Centre Name **Ford Hospital**
 Date/Time **16/8/23 5:00 P.M.**
 Signature **[Signature]** M. No. **9621142903**

Total **228 pcs** **58,657.00 ₹**

Amount Chargeable (in words) **Fifty Eight Thousand Six Hundred Fifty Seven INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	6,000.00	6%	360.00	6%	360.00	720.00
90189031	49,464.00	2.50%	1,236.60	2.50%	1,236.60	2,473.20
Total	55,464.00		1,596.60		1,596.60	3,193.20

Tax Amount (in words) : **Three Thousand One Hundred Ninety Three INR and Twenty 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
 Bank Name : **Axis Bank Limited**
 A/c No. : **917020076226068**
 Branch & IFS Code : **Jhandewalan Extension & UTIB000738**
 for Gautam Healthcare Private Limited

