



DICKON

DICKON SALES - (from 1-Apr-22)
D-12, TAGORE GARDEN EXTN,
NEW DELHI - 110027
GSTIN/UIN: 07AQEPA4884G3ZU
State Name : Delhi, Code : 07

Tax Invoice

Invoice No.
DS/2023-24/1190
Delivery Note

Dated
5-Feb-24

Reference No. & Date.

Other References

Buyer's Order No.

Dated

Dispatch Doc No.
106-012024-24685

Delivery Note Date

Dispatched through

Destination

Buyer (Bill to)

DCDC HEALTH SERVICES - INTERSTATE
DISTRICT HOSPITAL HATHRAS,
DCDC DIALYSIS CENTRE , BAGLA COMBINED
DISTRICT HOSPITAL ALIGARH ROAD, NEAR RAM MANDIR,
TALAB CHAURAHA HATHRAS -204101
PH:- 8077095618

State Name : Uttar Pradesh, Code : 09

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	BLUE GARBAGE BAG LARGE ✓	3923	5.00 KGS	125.00	KGS	625.00
2	GARBAGE BAG BLUE SMALL ✓	3923	10.00 KGS	125.00	KGS	1,250.00
3	RED GARBAGE BAG LARGE ✓	3923	10.00 KGS	125.00	KGS	1,250.00
4	GARBAGE BAG RED SMALL ✓	3923	10.00 KGS	125.00	KGS	1,250.00
5	YELLOW GARBAGE BAG LARGE ✓	3923	5.00 KGS	125.00	KGS	625.00
6	GARBAGE BAG YELLOW SMALL ✓	3923	10.00 KGS	125.00	KGS	1,250.00
7	GREEN GARBAGE BAG LARGE ✓	3923	5.00 KGS	125.00	KGS	625.00
8	GARBAGE BAG GREEN SMALL ✓	3923	10.00 KGS	125.00	KGS	1,250.00
						8,125.00
						18 %
						1,462.50

IGST @ 18%

Stock/No. of Boxes Received ... 3 Box

Subject to Physical Check

Name/Employee Code ... DCDC 2057 Sr. Nam Patel

Centre Name ... H. Hathras

Date ... 12/02/2024

Signature ... M. No. 8077095618

Total

65.00 KGS ₹ 9,587.50

E. & O.E

Amount Chargeable (in words)

INR Nine Thousand Five Hundred Eighty Seven and Fifty paise Only

HSN/SAC	Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
3923	8,125.00	18%	1,462.50	1,462.50
Total	8,125.00		1,462.50	1,462.50

Tax Amount (in words) : INR One Thousand Four Hundred Sixty Two and Fifty paise Only

Company's PAN : AQEPA4884G

Declaration

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

for DICKON SALES - (from 1-Apr-22)

This is a Computer Generated Invoice

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