

**TAX INVOICE**

**Gautam Healthcare Private Limited**  
 249, First Floor, Cycle Mkt,  
 Jhandewalan Extension,  
 New Delhi-110 085  
 981110228  
 AECG9710C  
 DL Number-DL-MTM-145471 DT 22.06.2021  
 GSTIN: 07AAECG9710C1ZV  
 State Name : Delhi, Code : 07  
 CIN: 0881000DL2011PT0227048  
 Email: vishak@gautamhealthcare.com

**Consignee (Ship to)**  
**DCDC Health Services Private Limited**  
 District Hospital Prayagraj  
 Moti Lal Nehru Hospital (Colvin Hospital) 14, Doctor KN Katju  
 Road, Nakash Kohra, Mirabad, Prayagraj. 211003  
 Contact No : 7505825717  
 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. 087/2324/379 e-Way Bill No. 7513 8198 8298 Dated 12-Jul-23  
 Delivery Note Mode/Terms of Payment 30 Days  
 Reference No. & Date. Other References  
 Buyer's Order No. Dated 5-Jul-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	<b>Blu002E</b> Batch : 2301150828 Expiry : 9-May-26	90183990	390 pcs 390 pcs	100.00	pcs	39,000.00
2	<b>Hollow Fibre Dialyser B1.4P</b> Batch : 2303100973 Expiry : 11-May-26	90189031	216 pcs 216 pcs	307.00	pcs	66,312.00
						1,05,312.00
						3,997.80
						3,997.80
						0.40
<b>CGST SGST Round Off</b>						
<b>Total</b>			<b>606 pcs</b>			<b>1,13,308.00 ₹</b>

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

Stock/No. of Boxes Received ..... 22 .....  
 Subject to Physical Check  
 Name/Employee Code ..... DCE 2418  
 Centre Name ..... PRANAGARAI  
 Date/Time .....  
 Signature ..... M. No. 7505825717

Amount Chargeable (in words) **One Lakh Thirteen Thousand Three Hundred Eight INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	39,000.00	6%	2,340.00	6%	2,340.00	4,680.00
90189031	66,312.00	2.50%	1,657.80	2.50%	1,657.80	3,315.60
<b>Total</b>	<b>1,05,312.00</b>		<b>3,997.80</b>		<b>3,997.80</b>	<b>7,995.60</b>

Tax Amount (in words) : **Seven Thousand Nine Hundred Ninety Five INR and Sixty 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 MUTIB0000738**  
 for Gautam Healthcare Private Limited

