

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Gautam Healthcare Private Limited

248, First Floor, Cycle Mkt,
Jhandewalan Extension,
New Delhi-110 055
9811116228
AAECG9710C
DL Number-DL-MTM-145471 DT 22.08.2021
GSTIN/UIN: 07AAECG9710C1ZV
State Name: Delhi, Code : 07
CIN: U85100DL2011PTC227049
E-Mail : vivek@gautamhealthcare.com

Invoice No.

GST/24-25/96
Delivery Note

Dated

8-May-24

Mode/Terms of Payment

30 Days

Other References

Reference No. & Date.

Buyer's Order No.

Dated

DCDC Health Services Private Limited

District Hospital Prayagraj
Moti Lal Nehru Hospital (Colvin Hospital) 14, Doctor KN Katju
Road, Nakash Kohna, Mirabad, Prayagraj, 211003
Contact No : 7505825717

State Name : Uttar Pradesh, Code : 09

DCDC Health Services Private Limited

C-185, Mayapuri Industrial Area
Phase-II
Mayapuri
New Delhi-110064

State Name : Delhi, Code : 07

SI No.	Description of Goods	Quantity	Amount
1	Set for Haemodialysis Curum (Post Pump) Batch : 24010704 Expiry : 31-Dec-28		000.00
		CGST	1,800.00
		SGST	1,800.00
		Total	33,600.00 ₹

1 **Set for Haemodialysis Curum (Post Pump)**

Batch : 24010704
Expiry : 31-Dec-28

CGST
SGST

1,800.00
1,800.00

Total 300 pcs 33,600.00 ₹
E. & O E

Amount Chargeable (in words)

Thirty Three Thousand Six Hundred INR Only

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189099	30,000.00	6%	1,800.00	6%	1,800.00	3,600.00
Total	30,000.00		1,800.00		1,800.00	3,600.00

Tax Amount (in words) : **Three Thousand Six Hundred 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**

for Gautam Healthcare Private Limited

Authorised Signatory