

Original Copy

GSTIN : 03ABCFM6125F1ZQ

## TAX INVOICE

# Medica Enterprises

H.O: Sco-28, SEHAJ ENCLAVE MARKET, MAJITHA ROAD, AMRITSAR. 143001  
 B.O: 15 Pandori Warralch, Majitha Road, Amritsar, 143008  
 Tel : 0183-5058281 email : sanil@medicaent.in, accounts@medicaent.in  
 Drug Licence No. : PB-AS3-100552, PB-AS3-100553  
 MSME NO:-UDYAM-PB-01-0001852, Category Small-Services

Invoice No. : ME/24-25/1770  
 Dated : 04-10-2024  
 Place of Supply : Delhi (07)  
 Reverse Charge : N  
 GR/RR No. :  
 Transport : ASHOK LEYLAND  
 Vehicle No. : PB02ES7552

Station : JALANDHAR  
 E-Way Bill No. : 341857888495  
 PO No. : 231-102024-27822  
 PO Dt. : 01-10-2024  
 Pmt Term : ON DILEVERY  
 Order by Name : MR. ROHIT  
 Nos of Boxes :

**Billed to :**  
 DCDC Health Service Pvt. Ltd.  
 C-185, Mayapuri Industrial Area Phase- 2  
 Mayapuri, New Delhi-110064  
 Mr.Rohit Ph.+91 9467283394.

**Shipped to :**  
 DCDC Health Service Pvt. Ltd.  
 NHS HOSPITAL KAPURTHALA RD,  
 GURU NANAK NAGAR, HARDEV NAGAR  
 JALANDHAR, 144008  
 CONTACT NO- 9050092608  
 GSTIN / UIN :  
 D.L. No. :

GSTIN / UIN :  
 D.L. No. :

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	Price	IGST Rate	IGST Amount	Amount(Rs.)
1.	BC25 HAEMO. FLUID (PART A+B) PART B -180 PKT	30049099	90.00	Pcs.	220.00	12.00 %	2,376.00	22,176.00
2.	BC27 HAEMO. FLUID (PART A+B) K-Free PART B -10 PKT	30049099	5.00	Pcs	220.00	12.00 %	132.00	1,232.00
							<b>Grand Total</b>	<b>23,408.00</b>

Stock/No. of Boxes Received ..... 95 Cans + 10 PKT  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. ....

OUT BOUND

Date: 4/10/24

Time: 5:06 PM

Remarks: 0/1531/

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	20,900.00	2,508.00	2,508.00

**Rs. Twenty Three Thousand Four Hundred Eight Only**

**Bank Details :** HDFC Bank A/c No. 502 000 266 93071, IFSC: HDFC0001580

**Terms & Conditions**

E. & O. E.

1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
3. Subject to 'Amritsar' Jurisdiction only.
4. Payment will be cleared with 30 Days.

Receiver's Signature :

Prepare by

  
**For Medica Enterprises**  
**Authorised Signatory**