

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

**Goodwill Diagnostics**  
 Property No:-14, S.F., Industrial Area  
 Najafgarh Road, Tilak Nagar, New Delhi-110018  
 9643008035, 9643001224, 9643001225, 9643001230  
 DL No.:- DL-TLN-120177 (20B) / 120178 (21B)  
 GSTIN/UIN: 07AAMFG6381N1ZP  
 State Name : Delhi, Code : 07  
 E-Mail : goodwilldiagnostics@yahoo.com

Consignee (Ship to)

**DCDC Health Service Pvt. Ltd.**  
 District Hospital, Lakhimpur Khiri, District  
 Hospital, Lakhimpur Khiri, Near T B ward,  
 Hospital road, Dist, Police line, Lakhimpur,  
 Uttar, pradesh 262701., 262701, Contact No : 6393323652  
 State Name : Uttar Pradesh, Code : 09  
 Contact person : Tel: 8506056008  
 Contact : Tel: 8506056008

Buyer (Bill to)

**DCDC Health Service Pvt. Ltd.**  
 C-185, 1st Floor, Mayapuri Industrial Area  
 Phase - II, Mayapuri, New Delhi-110064, Tel: 8506056008  
 State Name : Delhi, Code : 07  
 Contact person : Tel: 8506056008  
 Contact : Tel: 8506056008

Invoice No. <b>GD/00589/24-25</b>	Dated <b>17-Apr-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>87-042024-25821</b>	Dated <b>5-Apr-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	<b>BM Hepacard</b> Batch : HPC022409 Expiry : 31-Jul-26 Rate of Duty : 5%	30021290	5 %	100 TEST 100 TEST	11.50	TEST		1,150.00
2	<b>BM HCV Tri-Dot (100 Test)(12%)</b> Batch : HCD032417 Expiry : 28-Feb-26 Rate of Duty : 12%	38221990	12 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT		5,425.00
3	<b>BM HIV Tri-Dot (100 T)</b> Batch : HTD022413 Expiry : 31-Jan-26 Rate of Duty : 5%	30021290	5 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,325.00	KIT		5,325.00
								11,900.00
						CGST@2.5%	2.50 %	161.88
						SGST@2.5%	2.50 %	161.88
						CGST@6%	6 %	325.50
						SGST@6%	6 %	325.50
						Rounded Off		0.24
				Stock/No. of Boxes Received ..... 3				
				Subject to Physical Check				
				Name/Employee Code ..... DC02316				
				Centre Name ..... L.M.P.				
				Date/Time ..... 26/04/24				
				Signature ..... Taufiq	M. No. 6398736590			
Total				300 TEST				₹ 12,875.00

Amount Chargeable (in words)

**INR Twelve Thousand Eight Hundred Seventy Five Only**

E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
30021290	6,475.00	2.50%	161.88	2.50%	161.88	323.76
38221990	5,425.00	6%	325.50	6%	325.50	651.00
<b>Total</b>	<b>11,900.00</b>		<b>487.38</b>		<b>487.38</b>	<b>974.76</b>

Tax Amount (in words) : **INR Nine Hundred Seventy Four and Seventy Six paise Only**

Remarks:  
SID ( LAKHIMPUR)

Company's PAN : AAMFG6381N

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 : Goodwill Diagnostics

Bank Name : Punjab National Bank (CC)

A/c No. : 0627008700408974

Branch & IFS Code : Naraina Vihar & PUNB0062700

