

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)



Goodwill Diagnostics
 Property No. - 14, S.F., Industrial Area
 Najafgarh Road, Tilak Nagar, New Delhi-110018
 9843008035, 9843001224, 9843001225, 9843001230
 DL No. :- DL-11N-120177 (200) / 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 Ghaziabad
 DISTRICT COMBINED HOSPITAL
 SEC 23, 201001

Contact No : 8506002727

State Name : Uttar Pradesh, Code : 09

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

Invoice No.
GD/007178/22-23
 Delivery Note

Date
29-Dec-22
 Fiscal Year of Payment

Reference No. & Date

Other References

Buyer's Order No.

Dated

41-122022-21104-6
 Dispatch Order No

8-Dec-22
 Delivery Note Date

Dispatched through

Destination

Terms of Delivery

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc %	Amount
1	BM Hepacard Batch : HPC122251 Expiry : 31-May-25	30021290	5 %	100 TEST 100 TEST	11.50	TEST		1,150.00
2	BM HIV Tri-Dot (100 T) Batch : HTD122281 Expiry : 30-Nov-24	30021290	5 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,325.00	KIT		5,325.00
3	BM HCV Tri-Dot (100 Test)(12%) Batch : HCD122252 Expiry : 30-Nov-24	38221990	12 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT		5,425.00
								11,900.00
								CGST@6% 325.50
								SGST@6% 325.50
								CGST@2.5% 161.88
								SGST@2.5% 161.88
								Rounded Off 0.24
Total				300 TEST				₹ 12,875.00

E & OE

Amount Chargeable (in words)

INR Twelve Thousand Eight Hundred Seventy Five Only

HSN/SAC	Taxable Value	Central Tax		State Tax		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
Total	11,900.00		487.38		487.38	974.76

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

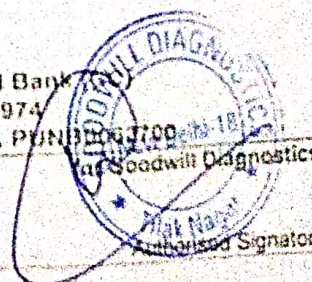
Company's PAN : **AAMFG6381N**

Company's Bank Details

Bank Name : Punjab National Bank
 A/c No. : 0627008700408974
 Branch & IFS Code : Naraina Vihar & PUNIN0007000

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

Customer's Seal and Signature



This is a Computer Generated Invoice

DCHSPL CENTRE-DISTRICT HOSPITAL, GHAZIABAD
MATERIAL RECEIVED

DATE **26/12/22**

D.S.