

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

GOODWILL DIAGNOSTICS
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 Hathras, Dcdc Dialysis centre ,
 Bagla combined District, Hospital Aligarh Road ,
 Near Ram Mandir, Talab, Chauraha Hathras
 Uttar Pradesh -204101, 204101, Contact No : 8077095618
 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. **GD/003545/23-24** Dated **25-Jul-23**
 Delivery Note Mode/Terms of Payment
 Reference No. & Date. Other References
 Buyer's Order No. **106-072023-23111** Dated **5-Jul-23**
 Dispatch Doc No. Delivery Note Date
 Dispatched through Destination
 Terms of Delivery

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	BM Hepacard Batch : HPC062329 Expiry : 30-Nov-25 Rate of Duty: 5%	30021290	5 %	100 TEST 100 TEST	11.50	TEST		1,150.00
2	BM HCV Tri-Dot (100 Test)(12%) Batch : HCD062331 Expiry : 30-May-25 Rate of Duty: 12%	38221990	12 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT		5,425.00
3	BM HIV Tri-Dot (100 T) Batch : HTD062342 Expiry : 31-May-25 Rate of Duty: 5%	30021290	5 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,325.00	KIT		5,325.00
								11,900.00
							6 %	325.50
							6 %	325.50
							2.50 %	161.88
							2.50 %	161.88
								0.24
CGST@6% SGST@6% CGST@2.5% SGST@2.5% Rounded Off								
Amount Chargeable (in words) INR Twelve Thousand Eight Hundred Seventy Five Only								₹ 12,875.00
E. & O.E								

Stock/No. of Boxes Received **01 Box**
 Subject to Physical Check
 Name/Employee Code **Shyam Prakash Singh DC02057**
 Centre Name **D.H. Hathras**
 Date/Time **28.07.2023 3:00 PM**
 Signature **[Signature]** M. No. **8577095618**

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
Total	11,900.00		487.38		487.38	974.76

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

Remarks:
 SID (HATHRAS, UP)
 Company's PAN : **AAMFG6381N**

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 & PUNB0061700**

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

This is a Computer Generated Invoice

