

SHRI GANESH ENTERPRISES

146 F/F, GALI NO. 14, WEST AZAD NAGAR, EAST DELHI-110051

TAX INVOICE

White : Original For Recipient
Pink : Duplicate For Transporter
Yellow : Triplicate For Supplier

Invoice No: 314
 Invoice Date: 23/6/23
 State: Delhi
 State Code: 07


Transportation Name: _____
 GR No: _____ Date: _____
 Vehicle No: 7697109398
 Date of Supply: _____
 Place of Supply: _____

Details of Buyer | Billed to :
 Name: DCD Health Service Pvt Ltd
 Address: C-185 Mahapei 2nd Area Phase-2
 TIN: 07AAFC00204K121
 City: New Delhi Code: 110004

Details of Consignee | Shipped to :
 Name: Yathartha Hospital
 Address: Plot No-01 Sec-110 Near Maharishi Ashram Noida
 GSTIN: _____
 State: _____ Code: 213004

DESCRIPTION OF GOODS	HSN CODE (GST)	Qty.	Rate	Disc. %	Amount
Red Garbade Bis	3923	20	94		1880
Yellow Garbade small	3923	15	94		1410
Green Garbade Bis	3923	15	94		1410

DCDCHSPL CENTRE YATHARTH HOSPITAL, NOIDA
MATERIAL RECEIVED

Invoice Value (in Words): _____
 DATE: 24/6/23
 RECEIVED BY: 
 5546

Freight / Packing & Forwarding	
Sub. Total	4700
Add. : CGST @ _____%	-
Add. : SGST @ _____%	-
Add. : IGST @ 18%	846
Invoice Value	5546


Invoice Reference Number: _____

E. & O. E.

• Terms & Condition : •
 Goods once sold will not be taken back.
 Disputes are subject to delhi jurisdiction.
 Interest per annum will be charged if not paid on 45 days.

Certified that the particulars given above true and correct

For SHRI GANESH ENTERPRISES



Common Seal Authorised Signatory