

GSTIN : 07BCLPJ0532N1ZG

Mob.: 9873672990

SHRI GANESH ENTERPRISES

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

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

TAX INVOICE

Reverse Charges : Yes / No

Invoice No. : JMDE/ 271

Invoice Date : 18.06.23

State : Delhi

State Code 07

Transportation Name

GR No. PH.No. - 85060009594 Date

Vehicle No. 8506000594

Date of Supply

Place of Supply

Details of Buyer / Billed to :

Name : DCDC Health service Pvt. Ltd.

Address : C-185, Mayapuri Industrial Area phase - 2

GSTIN : 07AFA CD 0204K1Z1

State : NEW Delhi Code 11.006.4

Details of Consignee / Shipped to :

Name : Mahatma Gandhi Institute of Medical

Address : I T I Chowk Behind Haru Place Tasham Road

GSTIN : Code 12500

State : Hissar

Sr. No.	DESCRIPTION OF GOODS	HSN CODE (GST)	Qty.	Rate	Disc. %	Amount
	Red Garban Big	3923	10	94		940
	Red Garban Small	3923	10	94		940
	Yellow Garban Big	3923	10	94		940
	Yellow Garban Small	3923	10	94		940
	Blue Garban Big	3923	5	94		470
	Blue Garban Small	3923	5	94		470

Stock/No. of Boxes Received ... 2 Bag

Subject to Physical Check ...

Name/Employee Code ...

Centre Name ...

Date/Time ... 18.06.23 2:20 PM

Signature ... M.No. 8607228556

Total Invoice Value (in Words) 5546

Freight / Packing &

Forwarding

Sub. Total 4900

Add. : CGST @ 5%

Add. : SGST @ 5%

Add. : IGST @ 18%

Invoice Value 5546

Certified that the particulars given above true and correct

For SHRI GANESH ENTERPRISES

Authorized Signatory

Common Seal

Electronic Reference Number :

Date :

• Terms & Condition : •

1. Goods once sold will not be taken back.
2. All disputes are subject to delhi jurisdiction.
3. 24% Interest per annum will be charged if not paid on 45 days.

Signature
Date/Time
Centre Name
Name/Employee Code
Subject to Physical Check
Stock/No. of Boxes Received