

TAX INVOICE

FORM B (REV. 2017)

Healthcare Private Limited
 1st Floor, Cycle Mill,
 Jhandewalan Extension,
 Delhi-110068
 110068
 GSTIN: 07AAECG9710C12V
 PAN: AAECG9710C
 UIN: UIN07AAECG9710C12V
 CIN: L18100DL2011PTC227049
 E-Mail: vivek@gautamhealthcare.com

Invoice No. GBT/2324/566	Dated 12-Sep-23
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date.	Other References
Buyer's Order No. 41-092023-23642	Dated 6-Sep-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Consignee (Ship to)
DCDC Health Services Private Limited
 District Hospital Ghaziabad
 DISTRICT COMBINED HOSPITAL
 SEC 23, Ghaziabad-201001
 Contact No : 8506002727
 State Name : Uttar Pradesh, Code : 09

Terms of Delivery

Buyer (Bill to)
DCDC Health Services Private Limited
 C-185, Maypuri Industrial Area
 Phase-II
 Mayapuri
 New Delhi-110064
 State Name : Delhi, Code : 07

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Blu002E Batch : 2301150879 Expiry : 22-May-25	90183990	320 pcs 320 pcs	100.00	pcs	32,000.00
		CGST				1,920.00
		SGST				1,920.00
Total			320 pcs			35,840.00 ₹

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

Amount Chargeable (in words) **Thirty Five Thousand Eight Hundred Forty INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	32,000.00	6%	1,920.00	6%	1,920.00	3,840.00
Total	32,000.00		1,920.00		1,920.00	3,840.00

Tax Amount (in words) : **Three Thousand Eight Hundred Forty INR Only**

Company's PAN : **AAECG9710C**
 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: **Gautam Healthcare Private Limited**
 Bank Name : **Axis Bank Limited**
 A/c No. : **917020076226068**
 Branch & IFS Code: **Jhandewalan Extension & UTIB0000738**
 for **Gautam Healthcare Private Limited**
 Delhi
 Authorised Signatory