



IRN : c50f7cd297ed7a05579d95c2442218431f3fca8464a681d-1c0d8e129000fcfa0
 Ack No. : 182415695327508
 Ack Date : 8-Mar-24

ARIVATION HEALTHCARE PRIVATE LIMITED Site Office: 16/24 Dr. Suresh Chandra Banerjee Road KOLKATA Kolkata WB KOLKATA-700010 GSTIN/UIN: 19AASCA6131H1ZF State Name : West Bengal, Code : 19 Contact : 6289556902,9836667979 E-Mail : arivationhealthcare@gmail.com Consignee (Ship to) DCDC Health Service Pvt. Ltd. District Hospital Mainpuri; Dialysis Center, maharaja tej pratap singh district hospital., mainpuri Uttar Pradesh, 205001, Contact No : 7895170086 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 Buyer (Bill to) DCDC Health Service Pvt. Ltd. C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Invoice No.	Dated
	AHPL/2324/530	8-Mar-24
	Delivery Note	Mode/Terms of Payment
		30 DAYS
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	102-032024-25332	5-Mar-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	SAFEXPRESS	MAINPURI
Vessel/Flight No.	Place of receipt by shipper.	
City/Port of Loading	City/Port of Discharge	
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Dry Dialysate 36.83x – 50 Lit.MIX (With Part B) Batch : DC2324421 Expiry : 28-Feb-26 Igst Output	30049032	30 Pcs 30 Pcs	825.00	Pcs		24,750.00
							2,970.00
	Stock/No. of Boxes Received ... <u>30</u> Subject to Physical Check Name/Employee Code : <u>Nagendra Pratap (DC02210)</u> Centre Name : <u>HDU, mainpuri (U.P.)</u> Date/Time : <u>19.03.2024 / 02:15 PM</u> Signature : <u>[Signature]</u> M. No. : <u>7895170086</u>						
	Total		30 Pcs				₹ 27,720.00

Amount Chargeable (in words) **Indian Rupees Twenty Seven Thousand Seven Hundred Twenty Only** E. & O.E

Company's Bank Details
 A/c Holder's Name : ARIVATION HEALTHCARE PRIVATE LIMITED
 Bank Name : Union Bank of India
 A/c No. : 015225010000001
 Branch & IFS Code : Dharmatolla Branch & UBIN0530131
 SWIFT Code : UBININBBOCL
 for ARIVATION HEALTHCARE PRIVATE LIMITED

Declaration
 DL No: WB/KOL/NBO/W/320645 & WB/KOL/BO/W/320645
 MSME UAM No. WB10D0023343
 Interest @24% PA will be charged after credit period
 Goods once sold will not be taken back or exchanged

[Signature]
 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION
 This is a Computer Generated Invoice