

IRN : 1ad872555fdd06b79b2b85b51e8b149800552dd9b1ac8fff-  
fb8f14675fbb2416  
Ack No. : 182415941214363  
Ack Date : 9-Apr-24



 <b>ARIVATION HEALTHCARE PRIVATE LIMITED</b> 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	Invoice No.	Dated
	<b>AHPL/2425/017</b>	<b>9-Apr-24</b>
<b>DialysisGPS</b> Consignee (Ship to) <b>DCDC Health Service Pvt. Ltd.</b> 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	Delivery Note	Mode/Terms of Payment
		<b>30 DAYS</b>
Buyer (Bill to) <b>DCDC Health Service Pvt. Ltd.</b> C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	<b>102-042024-25764</b>	<b>5-Apr-24</b>
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	<b>SAFEXPRESS</b>	<b>MAINPURI</b>
	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	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	<b>Dry Dialysate 36.83x – 50 Lit.MIX (With Part B)</b> Batch : DC2324426 Expiry : 31-Mar-26	30049032	12 %	<b>30 Pcs</b> 30 Pcs	825.00	Pcs		<b>24,750.00</b>
	<b>lgst Output</b>							<b>2,970.00</b>
	<b>Total</b>			<b>30 Pcs</b>				<b>₹ 27,720.00</b>

Amount Chargeable (in words)

**Indian Rupees Twenty Seven Thousand Seven Hundred Twenty Only**

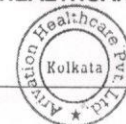
## Declaration

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

## 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



*Signature*  
Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION

This is a Computer Generated Invoice