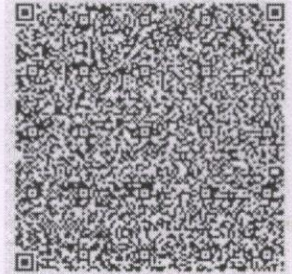


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 1ce0da04c1d07439287ddb3a1c75da94f8b830a7b84145-65a1e028be9296d41e
 Ack No. : 182415564759955
 Ack Date : 21-Feb-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 UNIT, 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. AHPL/2324/481	Dated 21-Feb-24
	Delivery Note	Mode/Terms of Payment 30 DAYS
	Reference No. & Date.	Other References
	Buyer's Order No. 102-022024-25088	Dated 7-Feb-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through SAFEXPRESS	Destination 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 : DC2324419 Expiry : 28-Feb-26	30049032	26 Pcs 26 Pcs	825.00	Pcs		21,450.00
2	DRY CITRATE 10 LTR K + FREE(PARTA+PARTB-1:2) Batch : DC2324360 Expiry : 31-Dec-25	30049032	10 Pcs 10 Pcs	169.00	Pcs		1,690.00
							23,140.00
							2,776.80
							0.20
Total			36 Pcs				₹ 25,917.00

Igst Output Round Off

Stock/No. of Boxes Received 28
 Subject to Physical Check
 Name/Employee Code Nagendra Pratab (DC02210)
 Centre Name HDU Mainpuri (U.P.)
 Date/Time 28-02-24 10:50 AM
 Signature [Signature] M. No. 7895170086

Amount Chargeable (in words) Indian Rupees Twenty Five Thousand Nine Hundred Seventeen Only	E. & O.E
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