

Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 53e52dd770fb99681f18221cf96e9ce962945dd1c958af8a-4156cbf01f3558b5
 Ack No. : 182415564941079
 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 sant kabir nagar, District Hospital, Mehdawal Road, Khalilabad, 272175, Contact No : 9554310933 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/2324/484	21-Feb-24
	Delivery Note	Mode/Terms of Payment
		30 DAYS
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	90-022024-25076	7-Feb-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	SAFEXPRESS	sant kabir nagar
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 <i>Igst Output</i>	30049032	50 Pcs 50 Pcs	825.00	Pcs		41,250.00
							4,950.00
Total			50 Pcs				₹ 46,200.00

Stock/No. of Boxes Received *110 Box*
 Subject to Physical Check
 Name/Employee Code *DC02137*
 Centre Name *Sant Kabir Nagar*
 Date/Time *26.02.24, 4:00 PM*
 Signature *[Signature]* M. No. *9554310933*

Amount Chargeable (in words) **Indian Rupees Forty Six Thousand Two Hundred 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