

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

**LIFE CARE SURGIMED**

1933/21, MOHAN BAZAAR,  
3H, PALACE, DELHI-110006  
DL NO 20B-145438, 21B-145439  
NO:-011-46015612, 49951030, +91-9810014275  
Corp. Off- PLOT NO 45, MOHIT NAGAR, SEC-14,  
DWARKA, NEW DELHI-110078  
DL NO:-RMD/DGD/23/5239/ZO-/2262  
GSTIN/UIN: 07AABPN9736D1ZO  
State Name : Delhi, Code : 07  
E-Mail : lifecaresurgimed@hotmail.com

Consignee (Ship to)

**DCDC HEALTH SERVICES PVT. LTD.**  
CIVIL HOSPITAL JIND, CIVIL HOSPITAL  
JIND GOHANA ROAD-126102, PH NO:8295012840  
State Name : Delhi, Code : 07

Buyer (Bill to)

**DCDC HEALTH SERVICES PVT. LTD.**  
C-185 - First Floor, Mayapuri Industrial Area  
Phase II, Mayapuri, New Delhi,-110064, PH:-  
8506056008, 011-45581006  
State Name : Delhi, Code : 07

Invoice No.	Dated
LCS/23-24/3984	15-Jan-24
Delivery Note	Mode/Terms of Payment
	100% Adv
Reference No. & Date.	Other References
Buyer's Order No.	Dated
23-012024-24762	6-Jan-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
	MAYAPURI
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	GST Rate	Part No.	MRP/Marginal	Quantity	Rate	per	Disc. %	Amount
1	<b>FRESENIUS F4HPS (5007041)</b> Batch : E2BD20102 Expiry: 31-Mar-26	90189031	5 %	5007041	1,362.00/NOS	20 NOS. 20 NOS.	660.00	NOS.		13,200.00
	OUTPUT SGST @ 2.5%						2.50 %			330.00
	OUTPUT CGST @ 2.5%						2.50 %			330.00
Total						20 NOS.				Rs 13,860.00

Stock/No. of Boxes Received 25 Pcs  
Subject to Physical Check  
Name Employee Code 3m.b.kom  
Name DCDC CIVIL JIND  
Date/Time 17-01-24  
Signature [Signature] M. No. 8295012840

Amount Chargeable (in words) E. & O E  
**Indian Rupees Thirteen Thousand Eight Hundred Sixty Only**

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	13,200.00	2.50%	330.00	2.50%	330.00	660.00
Total			330.00		330.00	660.00

Tax Amount (in words) : **Indian Rupees Six Hundred Sixty Only**

Company's PAN : AABPN9736D  
Declaration  
We declare that this invoice shows the actual price of the goods and that all particulars are true and correct. Goods once sold will not be exchanged or taken back. Goods rendered does not carry any guarantee. Interest@24% will be charged if the bill is not paid within 7days. No duplicate invoice will be issued without undertaking Cum indemnity

Company's Bank Details  
A/c Holder's Name : LIFE CARE SURGIMED  
Bank Name : HDFC BANK- 50200020740770  
A/c No. : 50200020740770  
Branch & IFS Code : JANAK PURI & HDFC0004878  
SWIFT Code :  
for LIFE CARE SURGIMED  
Authorised Signatory

SUBJECT TO DELHI JURISDICTION  
This is a Computer Generated Invoice

*[Handwritten Signature]*  
Authorised Signatory