

Tax Invoice

(TRIPLICATE FOR SUPPLIER)

ALLENTON INC
 PLOT NO 26-B, UDYOG VIHAR PHASE 5
 GURUGRAM, HARYANA, 122001
 HR-66-1394-OW/H HR-66-1394-W/H
 GSTIN/UIN: 06CWIPK6698E1Z2
 State Name : Haryana, Code : 06
 E-Mail : allentoninc@gmail.com

Consignee (Ship to) *Dist. hosp Sant Kabir Nagar*

MEHDawal ROAD KHALILABAD
 272175
 9554310933
 State Name : Uttar Pradesh, Code : 09
 Buyer (Bill to)

DCDC Health Services Pvt Ltd.
 C- 185, Mayapuri Industrial Area Phase - 2,
 Mayapuri, New Delhi - 110064
 State Name : Delhi, Code : 07

Invoice No. AL/2022-23/HR417	Dated 25-Jan-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 90-012023-21538-2	Dated 17-Jan-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	MRP/Marginal	Quantity	Rate	per	Disc. %	Amount
1	SINGLE LUMEN FEMORAL CATHETER (AVRO) Batch : 23010015C Expiry : 31-Dec-25	90183930		30 PCS 30 PCS	100.00	PCS		3,000.00
2	GUIDE WIRE S.S 35*70cm (J) Batch : SS22-03 Expiry : 31-Jul-26	9018		30 PCS 30 PCS	80.00	PCS		2,400.00
3	Introducer Needle 18 Guage Batch : AIN2022-01 Expiry : 31-May-26	90183930		30 PCS 30 PCS	25.00	PCS		750.00
IGST								
								6,150.00
								738.00
Total				90 PCS				₹ 6,888.00

DCDCHSPL CENTRE-DIST. HOSPITAL SANT KABIR NAGAR
MATERIAL RECEIVED
 DATE: 28/01/23
 TIME: 1:10 pm RECEIVED BY: *[Signature]*

Amount Chargeable (in words) **INR Six Thousand Eight Hundred Eighty Eight Only** E. & O.E

HSN/SAC	Taxable Value	Integrated Tax		Total Tax Amount
		Rate	Amount	
90183930	3,750.00	12%	450.00	450.00
9018	2,400.00	12%	288.00	288.00
Total	6,150.00		738.00	738.00

Tax Amount (in words) : **INR Seven Hundred Thirty Eight Only**

Company's Bank Details
 Bank Name : **ICICI BANK**
 A/c No. : **182105001757 ALLENTON INC**
 Branch & IFS Code: **DWARKA & ICIC0000250**

Declaration
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

