

FAITH MICRO SOLUTIONS ! DEPCT
 KHASRA NO. 422 & 426/1, DIVIDER ROAD, RITHANI, MEERUT - 250110 (U.P)
 IEC : 0514092921 Tel.No :- 08941982010/09719091116E-mail : sindhenterprises@sindhpharma.com



GSTIN : 09AADFF8645D1ZD DL No.1 : UP1520B002501/20B
 CIN : DL No.2 : UP1521B002494/21B
 PAN No. : AADFF8645D

Tax is Payable On Reverse Charge : No
 Invoice No. : FMMGT5349
 Invoice Date : 13/07/2024
 State : UTTAR PRADESH State Code : 09
 Transportation Mode : OM LOGISTICS
 Vehicle No. :
 Date of Supply : 13/07/2024
 Place of Supply : Delhi
 Total Cases :
 Due Date : 11/09/2024
 GR/LR No. :
 GR/LR Date :

Order No. : 164-072024-26637 Order Date : 04/07/2024
 Details of Receiver (Billed to)
 Name : DCDC HEALTH SERVICE PVT. LTD.
 Address : C-185, MAYAPURI INDUSTRIAL AREA
 PHASE - 2, MAYAPURI,
 NEW DELHI - 110064
 State : Delhi State Code : 07
 GSTIN No. : 07AAFCD0204K1Z1 PAN No. : AAFCD0204K
 DL No. : Mobile/Phone : 011-45581006
 Details of Consignee (Shipped to)
 DCDC Health Service Pvt. Ltd. @
 TH Bhatkal
 BHATKAL TALUKA GOVT HOSPITAL
 ,Dialysis unit, 581320
 Contact No : 8105942976

S. No	Description of Goods	HSN Code /SAC	Packing	Batch	Mfg.Dt.	Qty	Free Qty	Rate	PTR	MRP	Total Value	Disc %	Taxable Value	IGST	
					Exp.Dt.									Rate (%)	Amount
1	MI-CITRO (Citric Acid 21% w/v)	38089400	5 LTR.	FMS13-43	Jul-24 Jun-26	10.00	0.00	600.00	5508.47	6500.00	6000.00	0.00	6000.00	18.00	1080.00
2	ODA CHARGES	996511					0.00	1200.00			1200.00	0.00	1200.00	18.00	216.00
											7200.00		7,200.00		1296.00

Remark : GST Summary (7200.00 @ 18.00% IGST=1296.00)
 Invoice Values(In words) ₹ Eight Thousand Four Hundred Ninety Six Only
 Invoice Total 8496.00

Bank Details : Bank Name : HDFC BANK
 Bank Account No : 50200008774121 IFSC Code : HDFC0001564
 Certified that the Particulars given above are true and correct

TERMS & CONDITION OF SALE
 1. All Dispute subject to Delhi Jurisdiction only.
 2. Bills not paid by due date will attract 18% interest PA.
 3. Kindly issue cheque in favour of "Faith Microsolutions".
 Stock/No. of Boxes Received 5
 Subject to Physical Check
 Name/Employee Code Bhatkal Nait
 Centre Name Bhatkal
 Date/Time 30.7.24
 Signature M. No. 9916678764

Signature :
 Designation :
 DCDC HEALTH CARE
 BHATKAL
 DCDC-TALUKA GOVT. HOSPITAL