

GSTIN : 07ABAFG6573H1ZA

Original Copy

**TAX INVOICE**  
**GENCARE GLOBAL**

GROUND FLOOR, Flat no.: B-542, Baal Krishan Thapar Marg, Near Sudershan  
Park New Delhi 110015

Tel. : 9625232705 email : gencareglobe@gmail.com

Invoice No. : 541/2024-25  
Dated : 09-05-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
E-Way Bill No. :  
P.O NO. : 109-052024-26038  
P.O DATE : 04-05-2024

**Billed to :**

DCDC Health Services Private Limited  
C-185, First Floor  
Rewari Line Industrial Area  
Mayapuri, Phase-II, Delhi, 110064

Party Mobile No :  
GSTIN / UIN : 07AAFCD0204K1Z1

**Shipped to :**

DCDC Health Services Private Limited  
FORD HOSPITAL  
SAMNE GHAT RD NEAR BHU TARUMA  
CENTER BALAJI NAGAR COLONY  
PIN CODE-221005

Party Mobile No : 9621142903  
GSTIN / UIN : 07AAFCD0204K1Z1

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	List Price	Discount	Price	Amount( )
1.	YELLOW GARBAGE BAG (SMALL)	39239090	2.00	Pcs.	120.00	0.00 %	120.00	240.00
2.	BLACK GARBAGE BAG (SMALL)	39239090	2.00	Pcs.	120.00	0.00 %	120.00	240.00
3.	BLUE GARBAGE BAG (SMALL)	39232100	2.00	Pcs.	120.00	0.00 %	120.00	240.00
4.	GREEN GARBAGE BAG (SMALL)	39239090	2.00	Pcs.	120.00	0.00 %	120.00	240.00
5.	RED GARBAGE BAG (SMALL)	39239090	2.00	Pcs.	120.00	0.00 %	120.00	240.00

Add : CGST @ 9.00 %  
Add : SGST @ 9.00 %  
Add : Freight & Forwarding Charges

1,200.00

108.00

108.00

285.00

Grand Total 10.00 Pcs.

1,701.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
39232100	18%	240.00	21.60	21.60	43.20
39239090	18%	960.00	86.40	86.40	172.80
<b>Total</b>		<b>1,200.00</b>	<b>108.00</b>	<b>108.00</b>	<b>216.00</b>

Rupees One Thousand Seven Hundred One Only

Bank Details : HDFC BANK BRANCH : MOTI NAGAR  
A/C NO : 50200091740082 IFSC CODE : HDFC0004396

**Terms & Conditions**

E.&amp; O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For GENCARE GLOBAL

Authorised Signatory

Stock/No. of Boxes Received ..... 1 bag  
Subject to Physical Check  
Name/Employee Code ..... Maya I. D. 11.3.5  
Centre Name ..... Ford Hospital  
Date/Time ..... 28/5/24 ..... 5:10 PM  
Signature ..... M. No. 8595755960