

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Gautam Healthcare Private Limited

248, First Floor, Cycle Mkt,
Jhandewalan Extension,
New Delhi-110 055
9811116228
AAECG9710C
DL Number-DL-MTM-145471 DT 22.06.2021
GSTIN/UIN: 07AAECG9710C1ZV
State Name : Delhi, Code : 07
CIN: U85100DL2011PTC227049
E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)

DCDC Health Services Private Limited

District Hospital Sultanpur
Sultanpur, Faizabad - Sultanpur Rd, Majorganj, Majar
Ganj, Sultanpur, 228001
Contact No : 8574571722
State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)

DCDC Health Services Private Limited

C-185, Maypuri Industrial Area
Phase-II
Mayapuri
New Delhi-110064

State Name : Delhi, Code : 07

Invoice No. GST/2324/601	e-Way Bill No. 751366599777	Dated 14-Sep-23
Delivery Note	Mode/Terms of Payment 30 Days	
Reference No. & Date.	Other References	
Buyer's Order No. 59-092023-23603	Dated 6-Sep-23	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Hollow Fibre Dialyser B1.4P Batch : 2303101452 Expiry : 15-Jun-26	90189031	192 pcs 192 pcs	307.00	pcs	58,944.00
2	Blu002E Batch : 2301151044 Expiry : 28-Jun-26	90183990	180 pcs 180 pcs	100.00	pcs	18,000.00
						76,944.00
						CGST
						2,553.60
						SGST
						2,553.60
Less :						Round Off
						(-)0.20
Total						372 pcs
						82,051.00 ₹

Amount Chargeable (in words)

Eighty Two Thousand Fifty One INR Only

E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	58,944.00	2.50%	1,473.60	2.50%	1,473.60	2,947.20
90183990	18,000.00	6%	1,080.00	6%	1,080.00	2,160.00
Total	76,944.00		2,553.60		2,553.60	5,107.20

Tax Amount (in words) : **Five Thousand One Hundred Seven INR and Twenty Only**

Company's Bank Details

A/c Holder's Name: **Gautam Healthcare Private Limited**

Bank Name : **Axis Bank Limited**

A/c No. : **917020076226068**

Branch & IFS Code: **Jhandewalan Extension & UTIB0000738**

Company's PAN : **AAECG9710C**

Declaration

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

for Gautam Healthcare Private Limited



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(14)

Stock/No. of Boxes Received **14 Box (Dialyser Tubing)**
Subject to Physical Check
Name/Employee Code **Maitra/DC00484**
Centre Name **Sultanpur**
Date/Time **8/9/23 2:50 pm**
Signature **[Signature]** M. No. **8574571722**