

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**  
 2nd Floor, Cycle Mkt,  
 Jhandewalan Extension,  
 New Delhi-110 055  
 AAECG9710C  
 DL Number-DL-MTM-145471 DT 22 06 2021  
 GSTIN/UIN 07AAECG9710G1ZV  
 State Name Delhi, Code 07  
 PIN 110001 2011PTC227049  
 E-Mail vivek@gautamhealthcare.com

Invoice No  
**GST/2324/456**  
 Delivery Note  
 Reference No & Date  
 Buyer's Order No  
**120-082023-23348**  
 Dispatch Doc No.

Dated  
**11-Aug-23**  
 Mode/Terms of Payment  
**30 Days**  
 Other References

Dated  
**7-Aug-23**  
 Delivery Note Date

**DCDC Health Services Private Limited**

Nayyar Hospital  
 3, Dasonda Singh Rd, Amritsar, 143001  
 Contact No : 8595955923  
 State Name : Punjab, Code : 03  
 Buyer (Bill to)

Dispatched through Destination

Terms of Delivery

**DCDC Health Services Private Limited**

C-185, Mayapuri Industrial Area  
 Phase-II  
 Mayapuri  
 New Delhi-110064  
 State Name : Delhi, Code : 07

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Hollow Fibre Dialyser 13PF</b> Batch : 23031011316 Expiry : 9-Jun-26	90189031	<b>48 pcs</b> 48 pcs	266.00	pcs	<b>12,768.00</b>
2	<b>Hollow Fibre Dialyser B1.4P</b> Batch : 2303100973 Expiry : 11-May-26	90189031	<b>48 pcs</b> 48 pcs	307.00	pcs	<b>14,736.00</b>
3	<b>Blu002E</b> Batch : 2301150935 Expiry : 30-May-26	90183990	<b>120 pcs</b> 120 pcs	100.00	pcs	<b>12,000.00</b>
						<b>39,504.00</b>
						<b>1,407.60</b>
						<b>1,407.60</b>
						<b>(-).020</b>
Less						

CGST  
 SGST  
 Round Off

Stock No. of Boxes Received ..... **8 Boxes**  
 Subject to Physical Check  
 Name/Employee Code ..... **Rohit | DCO 2340**  
 Centre Name ..... **Nayyar hospital**  
 Date/Time ..... **15/8/23 12:28pm**  
 Signature ..... **Rohit** M. No. **94612-83394**

Total **216 pcs** **42,319.00 ₹**  
 E. & O.E

Amount Chargeable (in words)

**Forty Two Thousand Three Hundred Nineteen INR Only**

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	27,504.00	2.50%	687.60	2.50%	687.60	1,375.20
90183990	12,000.00	6%	720.00	6%	720.00	1,440.00
<b>Total</b>	<b>39,504.00</b>		<b>1,407.60</b>		<b>1,407.60</b>	<b>2,815.20</b>

Tax Amount (in words)

**Two Thousand Eight Hundred Fifteen INR and Twenty Only**

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.

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**  
 for Gautam Healthcare Private Limited

