

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

Civil Hospital Jagadhari
Vishnu Garden Near Government Rest House Jagadhari
(Yamunanagar), 135003
Contact No : 9588312601

State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)

DCDC Health Services Private Limited

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

State Name : Delhi, Code : 07

Invoice No. GST/24-25/338	Dated 5-Jun-24
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date.	Other References
Buyer's Order No. 50-062024-26282	Dated 4-Jun-24
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 : 2403101149 Expiry : 20-Apr-27	90189031	96 pcs 96 pcs	307.00	pcs	29,472.00
						CGST 736.80
						SGST 736.80
						Round Off 0.40
Total			96 pcs			30,946.00 ₹

Amount Chargeable (in words)

Thirty Thousand Nine Hundred Forty Six INR Only

E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	29,472.00	2.50%	736.80	2.50%	736.80	1,473.60
Total	29,472.00		736.80		736.80	1,473.60

Tax Amount (in words) : **One Thousand Four Hundred Seventy Three INR and Sixty 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

Authorised Signatory

This is a Computer Generated Invoice

Stock/No. of Boxes Received **4**
Subject to Physical Check **4**
Name/Employee Code ... **TAVNEET/DC03333**
Centre Name **CH, Jagadhari**
Date/Time **10-06-24/15:40**
Signature **[Signature]** M. No. **8307318304**

