

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**  
 248, First Floor, Cycle Mkt,  
 Jhandewalan Extension,  
 New Delhi-110 055  
 081116228  
 AAECG9710C  
 DL Number-DL-MTM-145471 DT 22.08.2021  
 GSTIN/UIN: 07AAECG9710C1ZV  
 State Name : Delhi, Code : 07  
 CIN: U85100DL2011PTC227049  
 E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)  
**DCDC Health Services Private Limited**  
 Yathartha Hospital  
 Plot Number-01, Sector 110 , Near Maharishi  
 Ashram, Noida, 201304  
 Contact No : 7898867194  
 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/24-25/454 e-Way Bill No. 721441164235 Dated **5-Jul-24**

Delivery Note Mode/Terms of Payment  
**30 Days**

Reference No. & Date. Other References

Buyer's Order No. Dated  
**64-072024-26684** **4-Jul-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	<b>AVF2516LF01E Vital 16G</b> Batch : 2402150134 Expiry : 31-Mar-27	90183990	1,000 pcs	11.50	pcs	11,500.00
2	<b>AVF2517LF01E Vital G17</b> Batch : 2402150157 Expiry : 22-Apr-27	90183990	500 pcs	11.50	pcs	5,750.00
3	<b>Blu002E</b> Batch : 2401150614 Expiry : 1-Apr-27	90183990	300 pcs	100.00	pcs	30,000.00
						47,250.00
<b>CGST</b>						2,835.00
<b>SGST</b>						2,835.00
<b>Total</b>			<b>1,800 pcs</b>			<b>52,920.00 ₹</b>

Stock/No. of Boxes Received ..... 12 Box  
 Subject to Physical Check .....  
 Name Employee Code .....  
 Name .....  
 Date Time .....  
 Signature .....  
 M. No. 951041921

Amount Chargeable (in words) **Fifty Two Thousand Nine Hundred Twenty INR Only** E & O E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	47,250.00	6%	2,835.00	6%	2,835.00	5,670.00
<b>Total</b>			<b>2,835.00</b>		<b>2,835.00</b>	<b>5,670.00</b>

Tax Amount (in words) : **Five Thousand Six Hundred Seventy INR 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

Authorized Signatory

This is a Computer Generated Invoice