| | TAX INVOICE | Invoice N | 1.5 | Date | | RECIPIENT, | | | |
|---|--|--|--|---------------|--------------------------------|--------------------------------|--|--|--|
| 11.4 | Gautam Healthcare Private Limited 248,First Floor,Cycle Mkt, | | | | - | | | | |
| j. | Jhandewalan Extension, | | GST/2324/1134 Delivery Note | | 6-Jan-24 | | | | |
| 11 | New Delhi-110 055 9811116228 | Delivery | Note | Control State | Mode/Terms of Paymen | | | | |
| | AAECG9710C DL Number-DL-MTM-145471 DT 22.06.2021 | | Reference No. & Date. Buyer's Order No. | | 30 Days Other References Dated | | | | |
| GSTIN/UIA: 07AAECG9710C1ZV State Name: Delhi, Code: 07 CIN: U85100DL2011PTC227049 E-Mail®: vivek@gautamhealthcare.com Consignee (Ship to) | | Reference | | | | | | | |
| | | Buyer's C | | | | | | | |
| | | 127-012 | 127-012024-24696 Dispatch Doc No. | | | 5-Jan-24 Delivery Note Date | | | |
| | OCDC Health Services Private Limited Vemulawada | | | | | | | | |
| ١ | Area hospital Vemulawada,DCDC dialysis centre, Vemulawada, Rajanna sircilla dist, 505302 Contact No : 9676237955 | Dispatche | Dispatched through Destination | | | | | | |
| 4 | State Name : Telangana, Code : 36 | Terms of | Terms of Delivery | | | | | | |
| FP | Buyer (Bill to) DCDC Health Services Private Limited C-185,Maypuri Industrial Area Phase-II Mayapuri New Delhi-110064 | | | | | | | | |
| | State Name : Delhi, Code : 07 Description of Goods | HSN/SAC | Quantity | Rate | per | Amount | | | |
| N | No. | | | | | , unoun | | | |
| 1 | 1 AVF2516LF01E Vital 16G Batch: 2302150264 Expiry: 10-Oct-26 | 90183990 | 500 pcs 500 pcs | 11.50 | pcs | 5,750.00 | | | |
| | CGS | :7 | | | | 345.00 | | | |
| | SGS | : 7 | | | | 345.00 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 1 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | CKIDNEN | | | | | | | | |
| | | S SECTION AND ADDRESS OF THE PARTY OF THE PA | | | | | | | |
| | S. A. | | | 1 | | | | | |
| | * VEMULAWADA | | 3 | | | | | | |
| | * VEMULAWAREA | | | | | | | | |
| | VEMULAWARA 13 / IBH | | | | | | | | |
| | VEMULAWARA ISTANDA | | | | * 2 | | | | |
| | VEMULAWARA IS TO SEE AREA IS S | | | * | | | | | |
| | VEMULAWAREA LISTED AREA LISTED | | | Že. | £ /2 | | | | |
| | * VEMULAWABATA VEMULAWABATA 13 TAPEA 14 TAPEA 15 TAPEA 16 TAPEA 17 TAPEA 18 TAPEA | | * | * | 5, 20 | | | | |

Amount Chargeable (in words)

Company's PAN

Six Thousand Four Hundred Forty INR Only

6,440.00 ₹ *E. & O.E*

| HSN/SAC | Taxable Value | CGST | | SGST/UTGST | | Total |
|----------|------------------|------|--------|------------|--------|------------|
| | | Rate | Amount | Rate | Amount | Tax Amount |
| 90183990 | 5,750.00 | 6% | 345.00 | 6% | 345.00 | 690.00 |
| Total | 5,750.00 | | 345.00 | | 345.00 | 690.00 |

Tax Amount (in words): Six Hundred Ninety INR Only

Company's Bank Details

Total

Bank Name : Axis Bank Limited A/c No. : 917020076226068

500 pcs

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

: AAECG9710C

Branch & IFS Code: Jhandewalan Extension & UTIB0000738 for Gautam Healthcare Private Limited

Authorised Signatory