

GSTIN : 07ABAFG6573H1ZA

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**TAX INVOICE**  
**GENCARE GLOBAL**

GROUND FLOOR, Flat no.: B-542, Baal Krishan Thapar Marg, Near Sudershan Park New Delhi 110015

Tel. : 9625232705 email : gencareglobe@gmail.com

Invoice No. : 484/2024-25  
Dated : 07-05-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
E-Way Bill No. :  
P.O NO. : 199-052024-25984  
P.O DATE : 03-05-2024

**Billed to :**  
DCDC Health Services Private Limited  
C-185, First Floor  
Rewari Line Industrial Area  
Mayapuri, Phase-II, Delhi, 110064

**Shipped to :**  
DCDC Health Services Private Limited  
TH YELLAPURA  
TALUKA HOSPITAL YALLAPUR  
TALUKA YALLAPUR, DIST  
UTTAR KANNADA-581359

Party Mobile No :  
GSTIN / UIN : 07AAFCD0204K1Z1

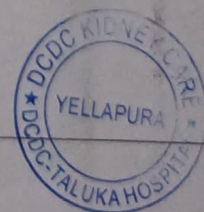
Party Mobile No : 8867417094  
GSTIN / UIN : 07AAFCD0204K1Z1

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	List Price	Discount	Price	Amount ( )
1.	HAND WASH (5 LTR)	3401	2.00	CAN	466.00	0.00 %	466.00	932.00
2.	GLASS CLEANER 20 ML	340590	5.00	CAN	28.00	0.00 %	28.00	140.00
3.	TOILET CLEANER (5 LTR)	3402	1.00	CAN	479.00	0.00 %	479.00	479.00
								<b>1,551.00</b>
						Add : CGST	@ 9.00 %	139.59
						Add : SGST	@ 9.00 %	139.59
<b>Grand Total</b>								<b>8.00 CAN</b>
								<b>1,830.18</b>

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
3401	18%	932.00	83.88	83.88	167.76
3402	18%	479.00	43.11	43.11	86.22
340590	18%	140.00	12.60	12.60	25.20
<b>Total</b>		<b>1,551.00</b>	<b>139.59</b>	<b>139.59</b>	<b>279.18</b>

**Rupees One Thousand Eight Hundred Thirty and Paise Eighteen Only**

**Bank Details :** HDFC BANK BRANCH : MOTI NAGAR  
A/C NO : 50200091740082 IFSC CODE : HDFC0004396



**Terms & Conditions**

- E. & O.E.
- Goods once sold will not be taken back.
  - Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.
  - Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

**For GENCARE GLOBAL**

**Authorised Signatory**

Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. 9625232705