



## TAX INVOICE

## Gupta Medical Device

KHASHRA NO 106/1, GROUND FLOOR, POOTH KALA VILLAGE NEAR 12  
NOB TRANSFERMAR DELHI 110086

PAN : AWNPS2841N

GSTIN : 07AWNPS2841N1ZT

Tel. : 8470009615, 9810371170 email : gmdevice@yahoo.com

Drug Licence No. : RMD/DCD/23/ZO-5170/2023

Invoice No. : GMD/0533/23-24  
Dated : 24-12-2023  
Place of Supply : Uttar Pradesh (09)  
Reverse Charge : N  
GR/RR No. :  
Transport : DELEVERY COURIER  
Vehicle No. :  
Station :

Buyer Order No : 111-122023-24496  
Order Date : 07-12-2023  
Supplier Ref. :  
Other Ref. :  
Delivery Note :  
Mode/terms of P :  
Despatch Throug :  
Destination : Uttar Pradesh

**Billed to :**  
DCDC HEALTH SERVICE PVT  
C-185, MAYAPURI INDUSTRIAL AREA PHASE 2  
DELHI 11007

**Shipped to :**  
DCDC HEALTH SERVICE PVT  
Sahara Hospital Janu Nagar, Simariya,  
Post-Kemri, Tehsil-Milak, Rampur-243701

Party PAN : AAFC00204K  
GSTIN / UIN : 07AAFC0204K1Z1  
D.L. No. :

Party PAN : AAFC00204K  
GSTIN / UIN : 07AAFC0204K1Z1  
D.L. No. :

| S.N.   | Description of Goods        | HSN/SAC Code | Qty. | Unit | Price  | IGST Rate | IGST Amount | Amount(₹) |
|--|-----------------------------|--------------|------|------|--------|-----------|-------------|-----------|
| 1  | SODIUM HYPOCHLORIDE 10% JAR | 28289011     | 5.00 | JAR  | 180.00 | 18.00 %   | 162.00      | 1,062.00  |
| <p>Stock/No. of Boxes Received ..... 1 Box<br/>Subject to Physical Check<br/>Name/Employee Code ..... DCDC 2411 Mohal<br/>Centre Name ..... Sahara Hospital<br/>Date/Time ..... 09/10/12/2024 3:10 PM<br/>Signature ..... M. No. 872539027</p> |                             |              |      |      |        |           |             | 1,062.00  |
| <p>Add : CARTAGE</p>   |                             |              |      |      |        |           |             | 1,134.00  |
| <p>Grand Total</p>   |                             |              |      |      |        |           |             | 2,196.00  |

| Tax Rate | Taxable Amt. | IGST Amt. | Total Tax |
|----------|--------------|-----------|-----------|
| 18%      | 900.00       | 162.00    | 162.00    |

Rupees Two Thousand One Hundred Ninety Six Only

## Declaration

Section -9

BANK NAME : PUNJAN NATIONAL BANK, BRANCH : SANT NAGAR BURARI  
A/C NO : 17294015001319 IFSC CODE : PUNB0172910

**Bank Details :** BANK DETAILS : GUPTA MEDICAL DEVICE BANK NAME & BRANCH : PNB  
ACCOUNT NO : 1710005502127812 IFSC CODE : PUNB0171000

## Terms &amp; Conditions

E. &amp; O.E.

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

Receiver's Signature :

For Gupta Medical Device

Authorised Signatory