

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Goodwill Diagnostics
 No - 14, S.F., Industrial Area
 Road, Tilak Nagar, New Delhi-110018
 9643001224, 9643001225, 9643001230
 DL-TLN-120177 (20B) / 120178 (21B)
 GSTIN/UIN: 07AAMFG6381N1ZP
 State Name : Delhi, Code 07
 E-Mail : goodwilldiagnostics@yahoo.com

Invoice No **GD/00420/23-24**
 Delivery Note
 Reference No & Date
 Buyer's Order No **21-042023-222300-1**
 Dispatch Doc No
 Dispatched through
 Terms of Delivery
 Dated **14-Apr-23**
 Mode/Terms of Payment
 Other References
 Dated **5-Apr-23**
 Delivery Note Date
 Destination

Ship to
Health Service Pvt. Ltd.
 Hospital Gurgaon, Civil Hospital VIKAS
 BASAI, SEC-10, 122001, Contact No : 8818024273
 Name : Haryana, Code : 06
 Contact person : Tel: 8506056008
 Contact : Tel: 8506056008
 Buyer (Bill to)
DCDC Health Service Pvt. Ltd.
 C-185, 1st Floor, Mayapuri Industrial Area
 Phase - II, Mayapuri, New Delhi-110054, Tel 8506056008
 State Name : Delhi, Code : 07
 Contact person : Tel: 8506056008
 Contact : Tel: 8506056008

SI No	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate per	Disc %	Amount	
1	BM Hepacard Batch HPC012304 Expiry 30-Jun-25 Rate of Duty 5%	30021290	5%	100 TEST 100 TEST	11.50	TEST	1,150	
2	BM HIV Tri-Dot (100 T) Batch HTD012308 Expiry 31-Dec-24 Rate of Duty 5%	30021290	5%	1 KIT (100 TEST) 1 KIT (100 TEST)	5,325.00	KIT	5,325	
3	BM HCV Tri-Dot (100 Test)(12%) Batch HCV022305 Expiry 31-Jan-25 Rate of Duty 12%	38221990	12%	1 KIT (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT	5,425	
							11,900	
							3%	
							3%	
							1	
							1	
							CGST@6%	
							SGST@6%	
							CGST@2.5%	
							SGST@2.5%	
							Rounded Off	
Total							300 TEST	₹ 12

DCDC HSPL CENTRE-CIVIL HOSPITAL, GURUGRAM
MATERIAL RECEIVED
 14/4/23
 2:20 PM
 Divisha

Amount Chargeable (in words)
INR Twelve Thousand Eight Hundred Seventy Five Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total
		Rate	Amount	Rate	Amount	
30021290	6,475.00	2.50%	161.88	2.50%	161.88	
38221990	5,425.00	6%	325.50	6%	325.50	
Total	11,900.00		487.38		487.38	

Tax Amount (in words) **INR Nine Hundred Seventy Four and Seventy Six paise Only**

Company's Bank Details
 A/c Holder's Name : **Goodwill Diagnostics**
 Bank Name : **Punjab National Bank (CC)**
 A/c No. : **0627008700408974**
 Branch & IFS Code : **Naraina Vihar & PUNB0062700**
 for Goodwill

Remarks:
 SID (GGN)
 Company's PAN : **AAMFG6381N**

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

This is a Computer Generated Invoice

Author