

TAX INVOICE

(ORIGINAL FOR RECIPIENT)



**Goodwill Diagnostics**  
 Property No:-14, S.F., Industrial Area  
 Najafgarh Road, Tilak Nagar, New Delhi-110018  
 9643008035, 9643001224, 9643001225, 9643001230  
 DL No.:- DL-TLN-120177 (20B) / 120178 (21B)  
 GSTIN/UIN: 07AAMFG6381N1ZP  
 State Name : Delhi, Code : 07  
 E-Mail : goodwilldiagnostics@yahoo.com

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 District Hospital Siddhartha Nagar, DCDC  
 Health Services Pvt. Ltd C/O District, Hospital  
 Siddhartha Nagar Mudila, Naugarh,, 272207, Contact No : 9140607532  
 State Name : Uttar Pradesh, Code : 09  
 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-110064, Tel: 8506056008  
 State Name : Delhi, Code : 07  
 Contact person : Tel: 8506056008  
 Contact : Tel: 8506056008

Invoice No. <b>GD/00820/24-25</b>	Dated <b>24-Apr-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>53-042024-25869</b>	Dated <b>5-Apr-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	<b>BM HCV Tri-Dot (100 Test)(12%)</b> Batch : HCD032417 Expiry : 28-Feb-26 Rate of Duty : 12%	38221990	12 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT		5,425.00
2	<b>BM HIV Tri-Dot (100 T)</b> Batch : HTD032421 Expiry : 28-Feb-26 Rate of Duty : 5%	30021290	5 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,325.00	KIT		5,325.00
3	<b>BM Hepacard</b> Batch : HPC032413 Expiry : 31-Aug-26 Rate of Duty : 5%	30021290	5 %	100 TEST 100 TEST	11.50	TEST		1,150.00
								11,900.00
					CGST@2.5%	2.50 %		161.88
					SGST@2.5%	2.50 %		161.88
					CGST@6%	6 %		325.50
					SGST@6%	6 %		325.50
					<b>Rounded Off</b>			0.24
<b>Total</b>				<b>300 TEST</b>				<b>₹ 12,875.00</b>

Stock No. of Boxes Received ..... 1 Box  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. N.  
 31/5/24  
 9140607532

Signature .....  
 Date/Time .....  
 Centre Name .....  
 Name/Employee Code .....  
 Subject to Physical Check

Amount Chargeable (in words) **INR Twelve Thousand Eight Hundred Seventy Five Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
38221990	5,425.00	6%	325.50	6%	325.50	651.00
30021290	6,475.00	2.50%	161.88	2.50%	161.88	323.76
<b>Total</b>	<b>11,900.00</b>		<b>487.38</b>		<b>487.38</b>	<b>974.76</b>

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

Remarks:  
 SID ( NAUGARH)  
 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.

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

for Goodwill Diagnostics  
 Authorised Signatory