

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

GOODWILL DIAGNOSTICS
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 : goodwillagnostics@yahoo.com

Consignee (Ship to)
DCDC Health Service Pvt. Ltd.
 Yathartha Hospital, Plot Number-01, Sector 110
 , Near, Maharishi Ashram, Noida, 201304,
 Contact No : 7697109398
 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. GD/009122/23-24	Dated 15-Jan-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 64-012024-24817	Dated 5-Jan-24
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	BM HIV Tri-Dot (100 T) Batch : HTD112377 Expiry : 30-Oct-25 Rate of Duty: 5%	30021290	5 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,325.00	KIT		5,325.00	
2	BM HCV Tri-Dot (100 Test)(12%) Batch : HCD112355 Expiry : 30-Oct-25 Rate of Duty: 12%	38221990	12 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT		5,425.00	
3	BM Hepacard Batch : HPC112356 Expiry : 30-Apr-26 Rate of Duty: 5%	30021290	5 %	100 TEST 100 TEST	11.50	TEST		1,150.00	
								11,900.00	
								161.88	
								161.88	
								325.50	
								325.50	
								0.24	
Total								300 TEST	₹ 12,875.00

CGST@2.5%
 SGST@2.5%
 CGST@6%
 SGST@6%
 Rounded Off

Stock/No. of Boxes Received 3 pkts
 Subject to Physical Check
 Name/Employee Code S02774
 Centre Name Yathartha Hospital (Noida)
 Date/Time 15/1/24 03:30 pm
 Signature [Signature] M. No.....

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	
30021290	6,475.00	2.50%	161.88	2.50%	161.88	323.76
38221990	5,425.00	6%	325.50	6%	325.50	651.00
Total	11,900.00		487.38		487.38	974.76

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 (C.O.)**
 A/c No. : **0627008700408974**
 Branch & IFS Code : **Naraina Vihar & PUNB0062700**
 for Goodwill Diagnostics
 Authorised Signatory

Remarks:
 SID (YATHARTHA HOSPITAL NOIDA)
 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