

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

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

| | |
|---|---------------------------|
| Invoice No. GD/008623/23-24 | Dated 20-Dec-23 |
| Delivery Note | Mode/Terms of Payment |
| Reference No. & Date. | Other References |
| Buyer's Order No. 66-122023-24131-8 | Dated 6-Nov-23 |
| Dispatch Doc No. | Delivery Note Date |
| Dispatched through | Destination |

Consignee (Ship to)

DCDC Health Service Pvt. Ltd.
 Civil Hospital Kaithal, Huda Sector 18, Patti
 Gadar, Kaithal, Haryana, 136027, Contact No : 8506000651
 State 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-110064, 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 HIV Tri-Dot (100 T) Batch : HTD112371 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 : HCD102352 Expiry : 30-Sep-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 : HPC102352 Expiry : 31-Mar-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 |
| | | | | | Rounded Off | | | 0.24 |
| Stock/No. of Boxes Received <u>One</u> | | | | | | | | |
| Subject to Physical Check | | | | | | | | |
| Name/Employee Code <u>Hanu/DCD2754</u> | | | | | | | | |
| Centre Name <u>DCDC CH (Kaithal)</u> | | | | | | | | |
| Date/Time <u>20.11.23 5:00 PM</u> | | | | | | | | |
| Signature <u>[Signature]</u> M. No. <u>9729646548</u> | | | | | | | | |
| Total | | | | 300 TEST | | | | ₹ 12,875.00 |

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**

A/c No. : **0627008700408974**

Branch & IFS Code : **Naraina Vihar & PUNB0062700**

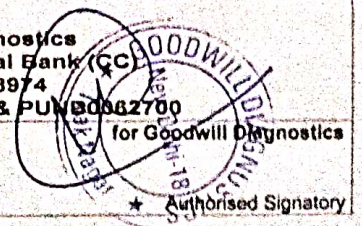
Remarks:

SID (KAITHAL)

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