

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**

248, First Floor, Cycle Mkt,  
Jhandewalan Extension,  
New Delhi-110 055  
9811116228  
AAECG9710C  
DL Number-DL-MTM-145471 DT 22.06.2021  
GSTIN/UID: 07AAECG9710C1ZV  
State Name: Delhi, Code : 07  
CIN: U85100DL2011PTC227049  
E-Mail: vivek@gautamhealthcare.com

Consignee (Ship to)

**DCDC Health Services Private Limited**

DH Dharwad  
Dharwad District Hospital  
Dialysis Unit, Room NO. 52, Killa Road, 580001  
Contact NO: 7899464460  
State Name : Karnataka, Code : 29

Buyer (Bill to)

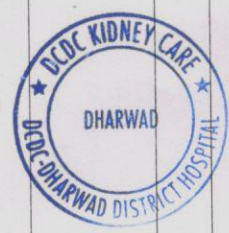
**DCDC Health Services Private Limited**

C-185, Mayapuri Industrial Area  
Phase-II  
Mayapuri  
New Delhi-110064  
State Name : Delhi, Code : 07

Invoice No. <b>GST/24-25/353</b>	Dated <b>8-Jun-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>168-062024-26235</b>	Dated <b>4-Jun-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>AVF2517LF01E Vital G17</b> Batch : 2302150042 Expiry : 12-Mar-26	90183990	<b>500 pcs</b> 500 pcs	11.50	pcs	<b>5,750.00</b>
2	<b>AVF2516LF01E Vital 16G</b> Batch : 2302150113 Expiry : 21-Jun-26	90183990	<b>500 pcs</b> 500 pcs	11.50	pcs	<b>5,750.00</b>
						11,500.00
<b>CGST</b>						<b>690.00</b>
<b>SGST</b>						<b>690.00</b>
<b>Total</b>						<b>12,880.00 ₹</b>

Stock/No. of Boxes Received ..... 02 .....  
 Subject to Physical Check  
 Name/Employee Code ..... DCD3365 .....  
 Centre Name ..... Dharwad .....  
 Date/Time ..... 13/06/2024 .....  
 Signature ..... [Signature] ..... M. No. 7899464460



Amount Chargeable (in words)

**Twelve Thousand Eight Hundred Eighty INR Only**

E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	11,500.00	6%	690.00	6%	690.00	1,380.00
<b>Total</b>			<b>690.00</b>		<b>690.00</b>	<b>1,380.00</b>

Tax Amount (in words) : **One Thousand Three Hundred Eighty INR Only**

Company's PAN : **AAECG9710C**

Declaration  
We declare that this invoice shows the actual price of the

Company's Bank Details  
 A/c Holder's Name : **Gautam Healthcare Private Limited**  
 Bank Name : **Axis Bank Limited**  
 A/c No. : **917020076226068**  
 Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**  
 for Gautam Healthcare Private Limited

