

**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/UIN: 07AAECG9710C1ZV  
State Name : Delhi, Code : 07  
CIN: U85100DL2011PTC227049  
E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)

**DCDC Health Services Private Limited**

Sahara hospital  
Janu Nagar, Simariya, Post- Kemri, Tehsil  
Milak, Rampur, 243701  
Contact No : 8279538027  
State Name : Uttar Pradesh, Code : 09

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.

**GST/2324/1277**

Delivery Note

Reference No. & Date.

Buyer's Order No.

**111-022024-25158**

Dispatch Doc No.

Dispatched through

Terms of Delivery

Dated

**12-Feb-24**

Mode/Terms of Payment

**30 Days**

Other References

Dated

**6-Feb-24**

Delivery Note Date

Destination

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Set for Haemodialysis Curum (Post Pump)</b> Batch : 24010711 Expiry : 31-Dec-28	90189099	<b>100 pcs</b> 100 pcs	100.00	pcs	<b>10,000.00</b>
2	<b>AVF2516LF01E Vital 16G</b> Batch : 2302150312 Expiry : 5-Nov-26	90183990	<b>500 pcs</b> 500 pcs	11.50	pcs	<b>5,750.00</b>
						15,750.00
<b>CGST</b>						<b>945.00</b>
<b>SGST</b>						<b>945.00</b>
<b>Total</b>						<b>17,640.00 ₹</b>

Stock/No. of Boxes Received ..... **5** .....  
Subject to Physical Check  
Name/Employee Code ..... **DC02411 Medical Surgin** .....  
Centre Name ..... **Sahara Hospital** .....  
Date/Time ..... **19/02/24 01:00 P.M.** .....  
Signature ..... **[Signature]** ..... M. No. **8279538027**

Amount Chargeable (in words)

**Seventeen Thousand Six Hundred Forty INR Only**

E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189099	10,000.00	6%	600.00	6%	600.00	1,200.00
90183990	5,750.00	6%	345.00	6%	345.00	690.00
<b>Total</b>	<b>15,750.00</b>		<b>945.00</b>		<b>945.00</b>	<b>1,890.00</b>

Tax Amount (in words) : **One Thousand Eight Hundred Ninety INR Only**

Company's Bank Details

A/c Holder's Name : **Gautam Healthcare Private Limited**

Bank Name : **Axix Bank Limited**

A/c No. : **917020076226068**

Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**

Company's PAN

: **AAECG9710C**

Declaration

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

for Gautam Healthcare Private Limited

New Delhi  
Authorized Signatory