Dated Invoice No. Gautam Healthcare Private Limited Gautam Healthcare Private Limited
248, First Floor, Cycle Mkt,
Jhardewalan Extension,
New Delhi-110 055
95/11116228
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 15-Oct-24 GST/24-25/1072 Mode/Terms of Payment **Delivery Note** 30 Days Reference No. & Date. Other References Buyer's Order No. Dated Consignee (Ship to) 69-102024-27953 4-Oct-24 **DCDC Health Services Private Limited** Dispatch Doc No. **Delivery Note Date** Sadar Hospital Dhanbad SADAR HOSPITAL, NEAR Dispatched through Destination COURT, DHANBAD - 826001, Contact No: 9504172351 Terms of Delivery State Name : Jharkhand, Code: 20 Buyer (Bill to) DCDC Health Services Private Limited C-185, Maypuri Industrial Area Phase-II Mayapuri New Delhi-110064 State Name : Delhi, Code: 07 Description of Goods HSN/SAC Quantity Rate per Amount 1 Hollow Fibre Dialyser B1.4P 90189031 307.00 pcs 29,472.00 96 pcs Batch : 2403102693 96 pcs Expiry: 27-Aug-27 736.80 CGST 736.80 SGST 0.40 Round Off Stock/No. of Boxes Received ... OY Subject to Physical Check Name/Employee Code 3.008.14 Centre Name ... Sade Hospital .. D12:30 PW 23/10/24 Date/Time ... mare No. 9504172351 Signature ... \ SALAR Y 30,946.00 ₹ 96 pcs Total E. & O.E Amount Chargeable (in words) Thirty Thousand Nine Hundred Forty Six INR Only Total SGST/UTGST CGST Tax Amount Taxable Amount Rate H\$N/SAC Amount 1,473.60 Rate Value 736.80 736.80 2.50% 29,472.00 2.50% 1,473.60 736.80 736.80 90189031 29,472.00 Total Tax Amount (in words): One Thousand Four Hundred Seventy Three INR and Sixty Only A/c Holder's Name: Gautam Healthcare Private Limited IDBI BANK CC A/C Bank Name 1735651100001427 Branch & IFS Code: Chawri Bazar & IBKL000111550 for Gautam Healthcare Priva : AAECG9710C Company's PAN We declare that this involce shows the actual price of the goods described and that all particulars are true and correct. This is a Computer Generated Invoice

TAX INVOICE

(ORIGINAL FOR RECIPIENT)