

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**  
 48, First Floor, Cycle Mkt,  
 Jhandewalan Extension,  
 New Delhi-110 055  
 811116228  
 AEC-39710C  
 I Number-DL-MTM-145471 DT 22.06.2021  
 GSTIN/UIN: 07AAECG9710C1ZV  
 State Name : Delhi, Code : 07  
 IN: U85100DL2011PTC227049  
 -Mail : vivek@gautamhealthcare.com

Consignee (Ship to)  
**CDC Health Services Private Limited**  
 Suby General Hospital  
 Suby General Hospital Ltd Kasba Golpark, EM Bypass  
 Kolkata, 700107  
 Contact No : 8506005556  
 State Name : West Bengal, Code : 19

Buyer (Bill to)  
**CDC Health Services Private Limited**  
 -185, Mayapuri Industrial Area  
 Phase-II  
 Mayapuri  
 New Delhi-110064  
 State Name : Delhi, Code : 07

Invoice No. <b>GST/2324/1248</b>	e-Way Bill No. <b>771404283655</b>	Dated <b>10-Feb-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>	Other References
Reference No. & Date.	Buyer's Order No. <b>39-022024-25147</b>	Dated <b>6-Feb-24</b>
Dispatched through	Dispatch Doc No.	Delivery Note Date
Terms of Delivery	Destination	

Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
<b>Set for Haemodialysis Curum (Post Pump)</b> Batch : 24010711 Expiry : 31-Dec-28	90189099	<b>500 pcs</b> 500 pcs	100.00	pcs	<b>50,000.00</b>
<b>AVF2516LF01E Vital 16G</b> Batch : 2302150312 Expiry : 5-Nov-26	90183990	<b>1,500 pcs</b> 1,500 pcs	11.50	pcs	<b>17,250.00</b>
<b>Hollow Fibre Dialyser B1.6 P</b> Batch : 2303102084 Expiry : 5-Jun-26	90189031	<b>168 pcs</b> 168 pcs	325.00	pcs	<b>54,600.00</b>
<b>F6 Hps</b> Batch : D2EG003100	90189031	<b>300 pcs</b> 300 pcs	625.00	pcs	<b>1,87,500.00</b>
<b>OCI-HD140L</b> Batch : 231077 Expiry : 29-Oct-26	90189031	<b>240 pcs</b> 240 pcs	295.00	pcs	<b>70,800.00</b>
<b>Transducer Protector-Dora</b> Batch : 2304100199 Expiry : 17-May-26	90189031	<b>1,500 pcs</b> 1,500 pcs	6.00	pcs	<b>9,000.00</b>
					<b>3,89,150.00</b>
					<b>12,397.50</b>
					<b>12,397.50</b>
<b>Total</b>					<b>4,13,945.00 ₹</b>

Stock/No. of Boxes Received ..... *66 boxes* **CGST**  
 Subject to Physical Check **SGST**  
 Name/Employee Code .. *GATANAN/DC0253*  
 Centre Name .. *Suby General Hospital*  
 Date/Time .. *10/02/24*  
 Signature .. *[Signature]* M. No.....  
 Str.....  
 S.....  
 I.....  
 C.....  
 T.....  
 Signature..... M. No.....

Amount Chargeable (in words) **Four Lakh Thirteen Thousand Nine Hundred Forty Five INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
9099	50,000.00	6%	3,000.00	6%	3,000.00	6,000.00
3990	17,250.00	6%	1,035.00	6%	1,035.00	2,070.00
9031	3,12,900.00	2.50%	7,822.50	2.50%	7,822.50	15,645.00
9031	9,000.00	6%	540.00	6%	540.00	1,080.00
<b>Total</b>			<b>12,397.50</b>		<b>12,397.50</b>	<b>24,795.00</b>

Amount (in words) : **Twenty Four Thousand Seven Hundred Ninety Five INR Only**

Company's PAN : **AAECG9710C**  
 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  
 Authorised Signatory

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