



TAX INVOICE

Gupta Medical Device

KHASHRA NO 106/1,GROUND FLOOR, POOTH KALA VILLAGE NEAR 12
NOB TRANSFERMAR DELHI 110086
PAN : AWNPS2841N

GSTIN : 07AWNPS2841N1ZT

Tel. : 8470009615, 9810371170 email : gmdevice@yahoo.com

Drug Licence No. : RMD/DCD/23/ZO-5170/2023

Invoice No. : GMD/0521/23-24
Dated : 24-12-2023
Place of Supply : Uttar Pradesh (09)
Reverse Charge : N
GR/RR No. :
Transport : DELEVERY COURIER
Vehicle No. :
Station :

Buyer Order No : 90-122023-24507
Order Date : 07-12-2023
Supplier Ref. :
Other Ref. :
Delivery Note :
Mode/terms of P :
Despatch Throug :
Destination :

Billed to :
DCDC HEALTH SERVICE PVT
C-185,MAYAPURI INDUSTRIAL AREA PHASE 2
DELHI 11007

Party PAN : A AFC00204K
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

Shipped to :
DCDC HEALTH SERVICE PVT
District Hospital Sant Kabir Nagar,Dist.
Hospital,Mehadawal Road,Khalilabad,
272175

Party PAN : A AFC00204K
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	Price	IGST Rate	IGST Amount	Amount ()
1.	SODIUM HYPOCHLORIDE 10% JAR	28289011	5.00	JAR	180.00	18.00 %	162.00	1,062.00
Add : CARTAGE								1,134.00
Grand Total								2,196.00
5.00 JAR								

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
18%	900.00	162.00	162.00

Rupees Two Thousand One Hundred Ninety Six Only

Stock/No. of Boxes Received ... 1 Box
Subject to Physical Check
Name/Employee Code ... DC02132
Centre Name ... S.K.N
Date/Time ... 25/01/2024 / 11:15 AM
Signature ... [Signature] M. No. 9554210933

Declaration

Section -9

BANK NAME : PUNJAN NATIONAL BANK, BRANCH : SANT NAGAR BURARI
A/C NO : 17294015001319 IFSC CODE : PUNB0172910

Bank Details : BANK DETAILS :GUPTA MEDICAL DEVICE BANK NAME & BRANCH : PNB
ACCOUNT NO :1710005502127812 IFSC CODE :PUNB0171000

Terms & Conditions

E.& O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Gupta Medical Device

Authorised Signatory