

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

Gautam Healthcare Private Limited
 248, First Floor, Cycle Mkt,
 Jhandewalan Extension,
 New Delhi-110 055
 9811118228
 AAECG9710C
 DL Number-DL-MTM-145471 DT 22.08.2021
 GSTIN/UIN: 07AAECG9710C1ZV
 State Name : Delhi, Code : 07
 E-Mail : vivek@gautamhealthcare.com
 Consignee (Ship to)

DCDC Health Services Private Limited
 Civil Hospital Hisar
 Tayal Bagh Colony Near Bus Stand-125001
 Contact No.8506008111
 State Name : Haryana, Code : 06
 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.	Dated
GST/2223/1033	28-Mar-23
Delivery Note	Mode/Terms of Payment
	30 Days
Reference No. & Date.	Other References
Buyer's Order No.	Dated
27-032023-22061-6	6-Mar-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Heparin Sodium 25000IU/5ml Batch : HP3004 Expiry : 31-Dec-24	30049099	50 Pcs 50 Pcs	140.00	Pcs	7,000.00
						CGST 420.00
						SGST 420.00
						Total 7,840.00 ₹

DCDCHSPL CENTRE-CIVIL HOSPITAL, HISAR
MATERIAL RECEIVED
 DATE 14/3/2023
 TIME 9:00 AM RECEIVED BY *[Signature]*

Amount Chargeable (in words) **Seven Thousand Eight Hundred Forty INR Only** E. & O.E

HSN/SAC	Taxable Value		Central Tax		State Tax		Total
	Rate	Amount	Rate	Amount	Rate	Amount	Tax Amount
30049099		7,000.00	6%	420.00	6%	420.00	840.00
		Total		7,000.00		420.00	840.00

Tax Amount (in words) : **Eight Hundred Forty 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

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

Authorized Signatory *[Signature]*