

**TAX INVOICE**

(DUPLICATE FOR TRANSPORTER)

**Gautam Healthcare Private Limited**  
 245, 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: U65100DL2011PTC227049  
 E-Mail: vivek@gautamhealthcare.com  
 Consignee (Ship to)

**DCDC Health Services Private Limited**  
 Regional Medical College Nahan  
 Sundar Bagh Colony, Nahan., 173001  
 Contact No : 9418159046  
 State Name : Himachal Pradesh, Code : 02  
 Buyer (Bill to)

**DCDC Health Services Private Limited**  
 C-185,Maypuri Industrial Area  
 Phase-II  
 Mayapuri  
 New Delhi-110064  
 State Name Delhi, Code : 07

Invoice No. <b>GST/2324/466</b> Delivery Note	Dated <b>11-Aug-23</b> Mode/Terms of Payment <b>30 Days</b> Other References
Reference No. & Date.	Buyer's Order No. <b>56-082023-23384</b> Dispatch Doc No.
Dispatched through	Dated <b>7-Aug-23</b> Delivery Note Date
Destination	Terms of Delivery

SI No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Blu002E</b> Batch : 2301150935 Expiry : 30-May-26	90183990	<b>60 pcs</b> 60 pcs	100.00	pcs	<b>6,000.00</b>
2	<b>Hollow Fibre Dialyser 13PF</b> Batch : 23031011316 Expiry : 9-Jun-26	90189031	<b>48 pcs</b> 48 pcs	266.00	pcs	<b>12,768.00</b>
						<b>18,768.00</b>
						<b>CGST 679.20</b>
						<b>SGST 679.20</b>
						<b>Round Off (-)0.40</b>
Less						

Stock/No. of Boxes Received ..... **04 Box**  
 Subject to Physical Check  
 Name/Employee Code ..... **Jagdish / DC00555**  
 Centre Name ..... **OH Nahan**  
 Date/Time ..... **25/8/23 1:30pm**  
 Signature ..... **[Signature]** M. No. **9418159046**

Total **108 pcs** **20,126.00 ₹**  
 Amount Chargeable (in words) **Twenty Thousand One Hundred Twenty Six INR Only**  
 E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	6,000.00	6%	360.00	6%	360.00	720.00
90189031	12,768.00	2.50%	319.20	2.50%	319.20	638.40
<b>Total</b>	<b>18,768.00</b>		<b>679.20</b>		<b>679.20</b>	<b>1,358.40</b>

Tax Amount (in words) : **One Thousand Three Hundred Fifty Eight INR and Forty Only**  
 Company's Bank Details  
 A/c Holder's Name : **Gautam Healthcare Private Limited**  
 Bank Name : **Axis Bank Limited**  
 A/c No. : **917020076226065**  
 Branch & IFS Code : **Jhandewalan Extension & DT180000738**  
 for Gautam Healthcare Private Limited

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

