

BACK END ENTRY

DCDC Health Services Private Limited  
 TH Haliyal, Tahaka Hospital Haliyal  
 Tahaka Haliyal, District Uttar Karnataka, 581328  
 Contact No. 9449373161  
 State Name Karnataka Code : 29

Consignee (Ship to)

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

Delivery Note	Mode/Terms of Payment
Reference No. & Date	30 Days Official Reference
Buyer's Order No	Dated
198-062024-28250	4-Jun-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	AVF2516LF01E Vital 16G Batch: 2402150112 Expiry: 9-May-25	90183990	500 pcs 500 pcs	11.50	pcs	5,750.00
2	AVF2517LF01E Vital Q17 Batch: 2302150942 Expiry: 12-Mar-25	90183990	500 pcs 500 pcs	11.50	pcs	5,750.00
						11,500.00
						CGST 690.00
						SGST 690.00
Total			1,000 pcs			12,880.00 ₹

Amount Chargeable (in words) **Twelve Thousand Eight Hundred Eighty INR Only** E & OE

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	11,500.00	6%	690.00	6%	690.00	1,380.00
Total			690.00		690.00	1,380.00

Tax Amount (in words) **One Thousand Three Hundred Eighty INR Only**

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.

Company's Bank Details:  
 A/c Holder's Name: Gautam Healthcare Private Limited  
 Bank Name: Axis Bank Limited  
 A/c No: 917020076226058  
 Branch & IFSC Code: Jhandewalan Extension & UTI80000738  
 for Gautam Healthcare Private Limited

Authorized Signatory

This is a Computer Generated Invoice

Stock/No. of Boxes Received ..... 02  
 Subject to Physical Check  
 Name/Employee Code ..... Robin  
 Centre Name ..... Haliyal  
 Date/Time ..... 26/06/24  
 Signature ..... Robin M. No. 9449373161

