

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**

248, 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  
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 : 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
<b>GST/2324/111</b>	<b>6-May-23</b>
Delivery Note	Mode/Terms of Payment
	<b>30 Days</b>
Reference No. & Date	Other References
Buyer's Order No	Dated
<b>66-052023-22864-2</b>	<b>6-May-23</b>
Dispatch Doc No	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Blu002E</b> Batch : 2301150140 Expiry: 24-Jan-26	90183990	<b>60 Pcs</b> 60 Pcs	100.00	Pcs	<b>6,000.00</b>
2	<b>Hollow Fibre Dialyser 13PF</b> Batch : 2203102466 Expiry: 10-Dec-25	90189031	<b>48 Pcs</b> 48 Pcs	266.00	Pcs	<b>12,768.00</b>
						18,768.00
<b>CGST</b>						<b>679.20</b>
<b>SGST</b>						<b>679.20</b>
<b>Round Off</b>						<b>(-)0.40</b>
Less						

Stock/No. of Boxes Received ..... 4 .....  
 Subject to Physical Check .....  
 Name/Employee Code ..... 94181590555 .....  
 Centre Name ..... Rt Nahan .....  
 Date/Time ..... 9/5/2023 3:30 PM .....  
 Signature ..... [Signature] ..... M. No. 9418159046 .....

Total 108 Pcs 20,126.00 INR E. & O.E

Amount Chargeable (in words) **Twenty Thousand One Hundred Twenty Six INR Only**

HSN/SAC	Taxable Value	Central Tax		State Tax		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
Total			679.20		679.20	1,358.40

Tax Amount (in words) : **One Thousand Three Hundred Fifty Eight INR and Forty Only**

Company's PAN : AAECG9710C

Company's Bank Details  
 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  
