

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

Gautam Healthcare Private Limited

248, First Floor, Cycle Mkt,
Jhandewalan Extension,
New Delhi-110 055
981118228
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
District Hospital Muaffar Nagar
District Hospital Roorkee Road Laddhawala-251001
Contact No.9634720912
State Name : Uttar Pradesh, Code : 09

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. GST/2223/1060	Dated 31-Mar-23
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date.	Other References
Buyer's Order No. 44-032023-22032-3	Dated 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	200 pcs 200 pcs	140.00	pcs	28,000.00
						CGST
						SGST
						1,680.00
						1,680.00
Total						200 pcs
						31,360.00 INR

DCDC HOSPITAL CENTRE-DISTRICT HOSPITAL, MUZAFFARNAGAR
MATERIAL RECEIVED
DATE: 1/4/23
TIME: 2:40 PM RECEIVED BY: [Signature]

Amount Chargeable (in words)

Thirty One Thousand Three Hundred Sixty INR Only

E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
30049099	28,000.00	6%	1,680.00	6%	1,680.00	3,360.00
Total	28,000.00		1,680.00		1,680.00	3,360.00

Tax Amount (in words) : **Three Thousand Three Hundred Sixty INR Only**

Company's PAN : **AAECG9710C**

Company's Bank Details
Bank Name : **Axis Bank Limited**
A/c No. : **917020076226068**
Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**

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

for Gautam Healthcare Private Limited

Authorised Signatory

