

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
CIN: U05100DL2011PTC227049
E-Mail: vivek@gautamhealthcare.com

Consignee (Ship to)

DCDC Health Services Private Limited

DCDC Dialysis Center Kurukshetra
Government Polyclinic Umari road, Sec-04 Kurukshetra
Haryana, 136118
Contact No: 9729050786
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. GST/2324/1335	Dated 17-Feb-24
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date.	Other References
Buyer's Order No. 107-022024-25142	Dated 7-Feb-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Hollow Fibre Dialyser B1.4P Batch : 2303103422 Expiry : 25-Dec-26	90189031	120 pcs 120 pcs	307.00	pcs	36,840.00
						CGST 921.00
						SGST 921.00

Stock/No. of Boxes Received 5
Subject to Physical Check
Name/Employee Code DCO1570 Chauhan
Centre Name Kurukshetra
Date/Time 19/2/24 12:42 AM
Signature [Signature] M. No. 97290-50786

Total 120 pcs 38,682.00 ₹

Amount Chargeable (in words) **Thirty Eight Thousand Six Hundred Eighty Two INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	36,840.00	2.50%	921.00	2.50%	921.00	1,842.00
Total	36,840.00		921.00		921.00	1,842.00

Tax Amount (in words) : **One Thousand Eight Hundred Forty Two INR Only**

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

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.

[Signature]
Authorized Signatory