

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

Gautam Healthcare Private Limited
 248, First Floor, Cycle Mkt,
 Jhandewalan Extension,
 New Delhi-110 055
 9611116228
 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
 KCGMC Karnal
 Kalpana Chawla Government Medical College
 Model Town, Karnal, 132001
 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/2223/1025	Dated 28-Mar-23
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date.	Other References
Buyer's Order No. 82-032023-22094-5	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
						1,680.00
						1,680.00
						31,360.00 ₹

CGST
SGST

DCDCHSPL CENTRE-KCGMC, KARNAL
MATERIAL RECEIVED

DATE: 28-3-23 AM 4:14
 TIME: 9:10 AM RECEIVED BY: Akansh

Amount Chargeable (in words)
Thirty One Thousand Three Hundred Sixty INR Only

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**
 Declaration
 We declare that this invoice shows the actual price of the
 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