

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**

248, First Floor, Cycle Mkt,  
Jhandewalan Extension,  
New Delhi-110 055  
981116228  
AAEC9710C  
D: Number-DL-MTM-145471 DT 22.06.2021  
GSTIN/UIN: 07AAEC9710C1ZV  
State Name : Delhi, Code : 07  
CIN: U85100DL2011PTC227049  
E-Mail : vivek@gautamhealthcare.com  
Consignee (Ship to)

**DCDC Health Services Private Limited**

Civil Hospital Bhiwani  
1st Floor, Near PMO Office, Ch. Bansilal Civil Hospital  
Bhiwani, Ghanta Ghar Chowk, 127021  
Contact No : 9813981347  
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. <b>GST/24-25/336</b>	Dated <b>5-Jun-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>49-062024-26291</b>	Dated <b>4-Jun-24</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	Hollow Fibre Dialyser B1.4P Batch : 2403101149 Expiry: 20-Apr-27	90189031	120 pcs	307.00	pcs	36,840.00
						CGST 921.00
						SGST 921.00
<b>Total</b>						<b>38,682.00 ₹</b>

Stock/No. of Boxes Received ..... 5  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name .....  
Date/Time .....  
Sweet ID C00133  
8-6-24 8:50 PM  
8506-00715

Amount Chargeable (in words)

**Thirty Eight Thousand Six Hundred Eighty Two INR Only**

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
<b>Total</b>	<b>36,840.00</b>		<b>921.00</b>		<b>921.00</b>	<b>1,842.00</b>

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

Company's PAN : AAEC9710C

Company's Bank Details  
Bank Name : Axis Bank Limited  
A/C No. : 917020076226088  
Branch & IFS Code : Jhandewalan Extension & UTIB0000738  
for Gautam Healthcare Private Limited

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

Authorized Signatory