	TAX IN			-		Dated	-		
DAE DAE DAE DAE DAE DAE DAE DAE DAE DAE	Gautam Healthcare Private Limited 148,First Floor,Cycle Mkt. Inandewalen Extension, New Delh-110 088 181111828 181111828 181111828 181111828 181111828 181111828 181111828 18111828 18111828 18111828 1811828		Invoice No. e-Way Bill No.			12-Mar-24 Mode/Terms of Payment 30 Days Other References Dated			
Consignee (Ship to)			75-032024-25420			5-Mar-24			
DCDC Health Services Private Limited C-185,Maypuri Industrial Area Zila Parishad Bhawan District More Jharkhand-825301, Contact No: 8506000462 State Name: Jharkhand, Code: 20			Dispatch Doc No.			Delivery Note Date			
		D	ispatch	rough	Destination				
	State Name : Jharkhand, Code : 20		erms o	f Deli	very	1	-		
Ph Ma Ne	CDC Health Services Private Limited 185,Maypuri Industrial Area ase-II ayapuri aw Delhi-110064 ate Name : Delhi, Code : 07								
SI			HSN/	SAC	Quantity	Rate	per	Am	ount
No.									
1	Set for Haemodialysis Curum (Post Pump) Batch: 24010763 Expiry: 31-Dec-28		90189	9099	1,000 pcs 1,000 pcs	100.00	pcs	1,00	,000.00
	Stock/No. of Boxes Received	SGST 0462							,000.00
-		Tot	tal		1,000 pcs			1,12,000.00	
	Amount Chargeable (in words)							E. & O.E	
(One Lakh Twelve Thousand INR Only	Taxa	ble		CGST	SGS	T/UTG	ST	Total
	HSN/SAC	Valu	ue	Rate	Amount	Rate	Amo	ount	Tax Amoun
9	0189099 Total	1,00,00		6%	6,000.00 6,000.00	-		00.00	12,000.00
C	Company's PAN : AAECG9710C	C A B	ompan /c Hold ank Na /c No.	er's Name	: 91702 Code : Jhand	Bank Lir 2007622 Iewalan B	nited 6068 Extens	ion & L	
V	Ve declare that this invoice shows the actual price of the oods described and that all particulars are true and corr	ne rect.						Autho	orised Signato

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