

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

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
E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)

DCDC Health Services Private Limited

Civil Hospital Rewari
Kayasthara Mohalla, Rewari
Haryana-123401

Contact No.8930388314

State Name : Haryana, Code : 06

Buyer (Bill to)

DCDC Health Services Private Limited

C-185, Maypuri Industrial Area

Phase-II

Mayapuri

New Delhi-110064

State Name : Delhi, Code : 07

Invoice No. GST/2223/1022	Dated 28-Mar-23
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date.	Other References
Buyer's Order No. 61-032023-22072-4	Dated 7-Mar-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

SI No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Heparin Sodium 25000IU/5ml Batch : HP3004 Expiry : 31-Dec-24	30049099	80 Pcs 80 Pcs	140.00	Pcs	11,200.00
		CGST				672.00
		SGST				672.00
Total						12,544.00 INR

DCDC HSPL CENTRE-CIVIL HOSPITAL, REWARI
MATERIAL RECEIVED

DATE 1-4-2023

TIME 12:00 PM RECEIVED BY: [Signature]

Amount Chargeable (in words)

Twelve Thousand Five Hundred Forty Four INR Only

E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
30049099	11,200.00	6%	672.00	6%	672.00	1,344.00
Total	11,200.00		672.00		672.00	1,344.00

Tax Amount (in words) : **One Thousand Three Hundred Forty Four INR Only**

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.

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

Authorised Signatory