

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**

4B, First Floor, Cycle Mkt,  
Jhandewalan Extension,  
New Delhi-110 055  
9311116228  
AAECG9710C  
DL Number-DL-MTM-145471 DT 22.06.2021  
GSTIN/UIN: 07AAECG9710C1ZV  
State Name : Delhi, Code : 07  
E-Mail : vivak@gautamhealthcare.com

Consignee (Ship to)

**DCDC Health Services Private Limited**

Curesta Global Hospital  
Curesta Global Hospital, Mangal Tower,  
3rd Floor, Deepatoli Ranchi  
JHARKHAND-834001  
Contact No : 8210919785  
State Name : Jharkhand, Code : 20

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.	e-Way Bill No	Dated
GST/2324/96	7913 3435 3181	24-Apr-23
Delivery Note	Mode/Terms of Payment	
Reference No. & Date.	30 Days	
Buyer's Order No.	Dated	
130-042023-22421-5	24-Apr-23	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	

Terms of Delivery		
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SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Bain AV001 Fistula Needle 16G Dora Batch : 2202102315 Expiry : 12-Dec-25	90189031	1,000 pcs 1,000 pcs ✓	11.50	pcs	11,500.00
2	Bain AVF002 Fistula Needle 17G Dora Batch : 2302100038 Expiry : 7-Jan-26	90189031	500 pcs 500 pcs ✓	11.50	pcs	5,750.00
3	Hollow Fibre Dialyser 13PF Batch : 2203102464 Expiry : 2-Nov-25	90189031	72 pcs 72 pcs ✓	266.00	pcs	19,152.00
4	Hollow Fibre Dialyser B1.4P Batch : 2303100013 Expiry : 12-Jan-26	90189031	216 pcs 216 pcs ✓	307.00	pcs	66,312.00
						1,02,714.00
						CGST
						SGST
						Round Off
						(-)0.20

Stock/No. of Boxes Received ..... 14  
Subject to Physical Check  
Name/Employee Code ..... DC02217  
Centre Name ..... THE CURESTA HOSPITAL  
Date/Time ..... 27/04/2023 04:00 PM  
Signature ..... M. No. 9304889041

*[Handwritten Signature]*  
27/04/2023

Total 1,788 pcs 1,09,057.00 INR E. & O.E

Amount Chargeable (in words)  
**One Lakh Nine Thousand Fifty Seven INR Only**

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	17,250.00	6%	1,035.00	6%	1,035.00	2,070.00
90189031	85,464.00	2.50%	2,136.60	2.50%	2,136.60	4,273.20
Total			3,171.60		3,171.60	6,343.20

Tax Amount (in words) : **Six Thousand Three Hundred Forty Three INR and Twenty Only**

Company's PAN : AAECG9710C  
Company's Bank Details  
Bank Name : Axis Bank Limited  
A/c No. : 917020076226068  
Branch & IFS Code: Jhandewalan Extension & UTIB0000738  
for Gautam Healthcare Private Limited

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

*[Handwritten Signature]*  
Authorized Signatory

This is a Computer Generated Invoice