

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

**Gautam Healthcare Private Limited**

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  
CIN: U85100DL2011PTC227049  
E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)

**DCDC Health Services Private Limited**

District Hospital Mainpuri  
Dialysis Center, maharaja tej pratap singh district hospital  
mainpuri Uttar Pradesh, 205001  
Contact No : 7895170086  
State Name : Uttar Pradesh, Code : 09  
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/2324/434                  | e-Way Bill No. 761358674366             | Dated 10-Aug-23 |
| Delivery Note                             | Mode/Terms of Payment<br><b>30 Days</b> |                 |
| Reference No. & Date.                     | Other References                        |                 |
| Buyer's Order No. <b>102-082023-23455</b> | Dated <b>7-Aug-23</b>                   |                 |
| Dispatch Doc No.                          | Delivery Note Date                      |                 |
| Dispatched through                        | Destination                             |                 |
| Terms of Delivery                         |   |                 |

| SI No. | Description of Goods  |
|--------|---|
| 1      | <b>Blu002E</b><br>Batch : 2301150935<br>Expiry : 30-May-26                    |
| 2      | <b>Hollow Fibre Dialyser B1.4P</b><br>Batch : 2303101277<br>Expiry : 7-Jun-26 |

| HSN/SAC  | Quantity                  | Rate   | per | Amount           |
|----------|---------------------------|--------|-----|------------------|
| 90183990 | <b>180 pcs</b><br>180 pcs | 100.00 | pcs | <b>18,000.00</b> |
| 90189031 | <b>120 pcs</b><br>120 pcs | 307.00 | pcs | <b>36,840.00</b> |
|          |                           |        |     | 54,840.00        |
|          |                           |        |     | <b>2,001.00</b>  |
|          |                           |        |     | <b>2,001.00</b>  |

CGST  
SGST

Stock/No. of Boxes Received .....  
Subject to Physical Check .....  
Name/Employee Code **Nagendra Pratap (DCD2210)**  
Centre Name **Mainpuri (C.H.D.U.)**  
Date/Time **12.08.2023 06.20 PM.**  
Signature **[Signature]** M. No. **7895170086**

Total **300 pcs** **58,842.00 ₹**  
E. & O.E

Amount Chargeable (in words) **Fifty Eight Thousand Eight Hundred Forty Two INR Only**

| HSN/SAC      | Taxable Value    | CGST  |                 | SGST/UTGST |                 | Total Tax Amount |
|--------------|------------------|-------|-----------------|------------|-----------------|------------------|
|              |                  | Rate  | Amount          | Rate       | Amount          |                  |
| 90183990     | 18,000.00        | 6%    | 1,080.00        | 6%         | 1,080.00        | 2,160.00         |
| 90189031     | 36,840.00        | 2.50% | 921.00          | 2.50%      | 921.00          | 1,842.00         |
| <b>Total</b> | <b>54,840.00</b> |       | <b>2,001.00</b> |            | <b>2,001.00</b> | <b>4,002.00</b>  |

Tax Amount (in words) : **Four Thousand Two INR Only**

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

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.

