

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Gautam Healthcare Private Limited

248, First Floor, Cycle Mkt,
Jhandewalan Extension,
New Delhi-110 055
981116228
AAEC99710C
D. Number-DL-MTM-145471 DT 22.08.2021
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 Muzaffar Nagar
District hospital Roorkee Rd Laddhawala, 251001
Contact No : 9634720912
State Name : Uttar Pradesh, Code : 09

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.	Dated
GST/2324/435	10-Aug-23
Delivery Note	Mode/Terms of Payment
	30 Days
Reference No. & Date.	Other References
Buyer's Order No.	Dated
44-082023-23461	7-Aug-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

SI No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
6 1	Blu002E Batch : 2301150935 Expiry: 30-May-26	90183990	180 pcs 180 pcs	100.00	pcs	18,000.00
2	Hollow Fibre Dialyser B1.4P Batch : 2303101277 Expiry: 7-Jun-26	90189031	72 pcs 72 pcs	307.00	pcs	22,104.00
						40,104.00
						1,632.60
						1,632.60
						(-10.20)

Less

**CGST
SGST
Round Off**

Stock/No. of Boxes Received 9 Box
Subject to Physical Check ok
Name/Employee Code Sohu
Centre Name Muzaffar Nagar Unit
Date/Time 10/8/23 5:15
Signature [Signature] M. No. 9634720912

Total **252 pcs** **43,369.00 ₹**

Amount Chargeable (in words)

Forty Three Thousand Three Hundred Sixty Nine INR Only

E. & O E

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	22,104.00	2.50%	552.60	2.50%	552.60	1,105.20
Total	40,104.00		1,632.60		1,632.60	3,265.20

Tax Amount (in words) : **Three Thousand Two Hundred Sixty Five INR and Twenty 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
Bank Name : **Axis Bank Limited**
A/c No. : **917020076226068**
Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**

for **Gautam Healthcare Private Limited**

Authorized Signatory

This is a Computer Generated Invoice