

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

Consignee (Ship to)

**DCDC Health Services Private Limited**

Kalra Hospital  
A-4 5 6, Tulsi Dass Kalra Marg Kirti Nagar  
New Delhi-110015  
Contact No.8051755839  
State Name : Delhi, Code : 07

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. <b>GST/24-25/109</b> Delivery Note	Dated <b>10-May-24</b> Mode/Terms of Payment <b>30 Days</b> Other References
Reference No. & Date.	
Buyer's Order No. <b>8-052024-26126</b> Dispatch Doc No.	Dated <b>3-May-24</b> Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>FX 5 Dialyser (5004831)</b> Batch : D4FD25100	90189031	<b>20 pcs</b> 20 pcs	499.00	pcs	<b>9,980.00</b>
2	<b>AVF2517LF01E Vital G17</b> Batch : 2402150076 Expiry : 3-Nov-26	90183990	<b>500 pcs</b> 500 pcs	11.50	pcs	<b>5,750.00</b>
						15,730.00
<b>CGST</b>						<b>594.50</b>
<b>SGST</b>						<b>594.50</b>
<b>Total</b>						<b>16,919.00 ₹</b>

Stock/No. of Boxes Received ..... 01 Box  
 Subject to Physical Check ..... DCDC  
 Name/Employee Code ..... Kalra Hospital  
 Centre Name ..... Kalra Hospital  
 Date/Time ..... 10/05/24 M. No. ....  
 Signature ..... 8051755839

Amount Chargeable (in words)

**Sixteen Thousand Nine Hundred Nineteen INR Only**

E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	9,980.00	2.50%	249.50	2.50%	249.50	499.00
90183990	5,750.00	6%	345.00	6%	345.00	690.00
<b>Total</b>	<b>15,730.00</b>		<b>594.50</b>		<b>594.50</b>	<b>1,189.00</b>

Tax Amount (in words) : **One Thousand One Hundred Eighty Nine 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

This is a Computer Generated Invoice