-	Jaulain Healthcare Drivet III	KINVOICE		(DUPL	LICATE	FOR T	RANSPORTE	
	handewalan Extension		Invoice N	10.	Dat			
i	New Delhi-110 055		GST/22	23/1067	31-	Mar-2	3	
1	AFCG9/100		Delivery	Note	Mod	de/Terr	ns of Payment	
	L Number DI MATA		D		30	Days		
E	tate Name : Delhi, Code : 07 -Mail : vivek@gautamheelthaars		Reference No. & Date.		Other References		erences	
Consignee (Ship to) DCDC Health Services Private Limited Sadar Hospital Bokaro Room No.208, Camp No.2 Near Dc Office-827001 Contact No.8506000228 State Name : Jharkhand, Code : 20			Buyer's C	order No.	Date	ed		
			31-032023-22093-3 Dispatch Doc No.			6-Mar-23 Delivery Note Date		
					Deli			
			Dispatched through		Dest	Destination		
В	Lyer (Bill to)		Terms of I	Delivery				
PM	CDC Health Services Private Limited 185,Maypuri Industrial Area 185,Maypuri Industrial Area 189,Maypuri 189,Maypur	- 415		* . 9	•			
SI							17. 11.	
0.	Description of Goods		HSN/SAC	Ougatie	B		and describe the	
	U		TON OAC	Quantity	Rate	per	Ámount	
	Heparin Sodium 25000IU/5ml Batch: HP3004 Expiry: 31-Dec-24		30049099	50 pcs 50 pcs	140.00	pcs	7,000.00	
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un	TIME 2.00 FRECEIVED BY	Total	OOQ * OCOC.SA	(ARO)		7,9	40 00 INI#	
ın e	TIME 2.00 FRECEIVED BY	Total	OOQ * OCOC.SA	OARHOS TO		7,8	40.00 IN₹	
ın e	Chargeable (in words) n Thousand Eight Hundred Forty INR Only	Total	OOQ * OCOC.SA	OARHOS TO		7,8	40.00 IN₹ E. & O.E	
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9	Chargeable (in words) Thousand Eight Hundred Forty INR Only HSN/SAC	Taxable	Central Rate An	DAR HOSE	Amo		E. & O.E	

Company's PAN Declaration

: 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

rivoice shows the actual price of the goods feellars are true and correct.

This is a Compute

Authorised Signatory