

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

<b>Gautam Healthcare Private Limited</b> 248, First Floor, Cycle Mkt, Jhandewalan Extension, New Delhi-110 055 9811116228 DL Number-DL-MTM-145471 DT 22.06.2021 GSTIN/UIN: 07AAECG9710C1ZV State Name : Delhi, Code : 07 CIN: UB5100DL2011PTC227049 E-Mail : vivek@gautamhealthcare.com		Invoice No. <b>GST/24-25/394</b> e-Way Bill No. <b>7814 3604 0935</b> Dated <b>15-Jun-24</b>
Consignee (Ship to) <b>DCDC Health Services Private Limited</b> District Hospital Mainpuri Dialysis Center, maharaja tej pratap singh district hospital mainpuri Uttar Pradesh, 205001 Contact No : 7895170086 State Name : Uttar Pradesh, Code : 09		Delivery Note Mode/Terms of Payment <b>30 Days</b>
Buyer (Bill to) <b>DCDC Health Services Private Limited</b> C-185, Maypuri Industrial Area Phase-II Mayapuri New Delhi-110064 State Name : Delhi, Code : 07		Reference No. & Date. Other References
Buyer's Order No. <b>102-062024-26008</b> Dispatch Doc No.		Dated <b>12-Jun-24</b> Delivery Note Date
Dispatched through		Destination
Terms of Delivery		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>HBM DC-04 DRY CITRATE 50 LTR MIX PART A+B WITH DEX</b>	30049099	<b>80 Nos</b>	850.00	Nos	<b>68,000.00</b>
	Batch : 240601 Expiry : 31-May-26		50 Nos			
	Batch : 240580 Expiry : 30-Apr-26		30 Nos			
	<b>CGST</b>					<b>4,080.00</b>
	<b>SGST</b>					<b>4,080.00</b>
<b>Total</b>			<b>80 Nos</b>			<b>76,160.00 ₹</b>

Stock/No. of Boxes Received ... **90** .....  
 Subject to Physical Check  
 Name/Employee Code ... **Nagendra Pratap (C002210)**  
 Centre Name ... **HDU, mainpuri, U.P.**  
 Date/Time ... **17-06-2024 (01:00PM)**  
 Signature ... **[Signature]** M. No. ... **7895170086**

Amount Chargeable (in words) **Seventy Six Thousand One Hundred Sixty INR Only**


HSN/SAC	Taxable Value	CGST		SGST/ITGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
30049099	68,000.00	6%	4,080.00	6%	4,080.00	8,160.00
<b>Total</b>			<b>4,080.00</b>		<b>4,080.00</b>	<b>8,160.00</b>

Tax Amount (in words) : **Eight Thousand One Hundred Sixty 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