

TAX INVOICE

ORIGINAL FOR RECIPIENT

Gautam Healthcare Private Limited
248, First Floor, Cycle Mkt.,
Jhandewalan Extension,
New Delhi-110 055

Invoice No. **GST/2324/1262**
Dated **12-Feb-24**
Delivery Note
Mode/Terms of Payment
30 Days

HSN/SAC : 9401000000
DL Number-DL-MTM-146471 DT 22.06.2021
GSTIN/UIN : 07AAECG971001ZV

Reference No. & Date.
Buyer's Order No. **94-022024-26031**
Dated **7-Feb-24**
Dispatch Doc No.
Delivery Note Date

State Name : Delhi, Code : 270419
E-Mail : vivekdgcgautamhealthcare.com

Other References
Dispatched through
Destination

Consignee (Ship to)
DCDC Health Services Private Limited

Terms of Delivery

Prem Hospital
LHDM & Dr. Prem Hospital Bishan Sarup Colony Opp Bus
Stand, Panipat-132103
Contact No : 9671899298

Buyer (Bill to)
State Name : Haryana, Code : 06

DCDC Health Services Private Limited
C-185, Mayapuri Industrial Area
Phase-II
Mayapuri

New Delhi-110064
State Name : Delhi, Code : 07

SI No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	AVF2517LF01E Vital G17 Batch : 2302150287 Expiry : 24-Oct-26	90183990	500 pcs	11.50	pcs	5,750.00
						CGST 345.00 SGST 345.00
Total						6,440.00 ₹

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No.

Amount Chargeable (in words)
Six Thousand Four Hundred Forty INR Only

HSN/SAC	Taxable Value	Rate	CGST Amount	Rate	SGST/UTGST Amount	Total Tax Amount
90183990	5,750.00	6%	345.00	6%	345.00	690.00
Total						6,440.00

Tax Amount (in words) : **Six Hundred Ninety 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 & UTIB00000738**
 for **Gautam Healthcare Private Limited**

