

**Tax Invoice**

**GAUTAM HEALTH CARE - (from 1-Apr-23)**  
 230, ANARKALI COMPLEX,  
 JHANDEWALAN EXTN.,  
 NEW DELHI-110088,  
 DL # 106506 20B/106507 21B  
 Tel.: 43593030/435930333  
 Pan # AAHPC4944L  
 GSTIN/UIN: 07AAHPC4944L1ZK  
 State Name : Delhi, Code : 07  
 CIN :  
 E-Mail : gautamhealthcare@gmail.com

Consignee (Ship to)  
**DCDC Health Services Private Limited**  
 Prem Hospital  
 LHDM & Dr. Prem Hospital Bishan Sarup Colony Opp Bus  
 Stand, Panipat-132103,  
 Contact No : 9671899298  
 State Name : Haryana, Code : 06

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>GSTI/23-24/2182</b>	Dated <b>22-Dec-23</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>: 94-122023-24661-1</b>	Dated <b>22-Dec-22</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	<b>Prismaflex M60 Set</b> Batch: 22L0062	9018	1 NOS 1 NOS	10,500.00	NOS		10,500.00
							630.00
							630.00
							SGST
							CGST
							Total
			1 NOS				11,760.00 ₹

Stock/No. of Boxes Received ..... 01 .....  
 Subject to Physical Check  
 Name/Employee Code ..... DC02095 .....  
 Centre Name ..... Prem Panipat .....  
 Date/Time ..... 21/12/23 .....  
 Signature ..... [Signature] ..... M. No. 9671899298

Amount Chargeable (in words)  
**Eleven Thousand Seven Hundred Sixty Indian Rupees Only**

E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total
		Rate	Amount	Rate	Amount	
9018	10,500.00	6%	630.00	6%	630.00	1,260.00
<b>Total</b>	<b>10,500.00</b>		<b>630.00</b>		<b>630.00</b>	<b>1,260.00</b>

Tax Amount (in words) : **One Thousand Two Hundred Sixty Indian Rupees Only**

Company's VAT TIN : 07040189212  
 Company's CST No. : 07040189212  
 Company's PAN : AAHPC4944L

Company's Bank Details  
 A/c Holder's Name : **GAUTAM HEALTH CARE**  
 Bank Name : **ICICI Bank CC A/c**  
 A/c No. : **418351000002**  
 Branch & IFS Code : **Noida & ICIC0004183**

for GAUTAM HEALTH CARE - (from 1-Apr-23)

**Declaration**  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signatory

SUBJECT TO DELHI JURISDICTION  
 This is a Computer Generated Invoice