

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

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

Civil Hospital Hisar
CIVIL HOSPITAL TAYAL BAGH COLONY NEAR BUS
STAND, 125001
Contact No.: 8506000594
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.	e-Way Bill No.	Dated
GST/2324/550	771365824485	11-Sep-23
Delivery Note	Mode/Terms of Payment	
Reference No. & Date.	30 Days	
Buyer's Order No.	Dated	
27-092023-23682	6-Sep-23	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Blu002E Batch: 2301150879 Expiry: 22-May-25	90183990	300 pcs 300 pcs	100.00	pcs	30,000.00
2	Hollow Fibre Dialyser B1.4P Batch: 2303101452 Expiry: 15-Jun-26	90189031	120 pcs 120 pcs	307.00	pcs	36,840.00
3	Hollow Fibre Dialyser 1.4PF Batch: 2303101553 Expiry: 29-Jun-26	90189031	192 pcs 192 pcs	285.00	pcs	54,720.00
4	AVF2516LF01E-Vital 16G Batch: 2302150098 Expiry: 3-Jun-26	90183990	1,000 pcs 1,000 pcs	11.50	pcs	11,500.00
						1,33,060.00
						4,779.00
						4,779.00
		CGST				
		SGST				
Total			1,612 pcs			1,42,618.00 ₹

Stock/No. of Boxes Received 25 boxes
Subject to Physical Check
Name/Employee Code RAHIT, 10100097
Centre Name C.H. HISAR
Date/Time 9/9/2023 3:14pm
Signature M. No. 8506000594

Amount Chargeable (in words) **One Lakh Forty Two Thousand Six Hundred Eighteen INR Only**

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	41,500.00	6%	2,490.00	6%	2,490.00	4,980.00
90189031	91,560.00	2.50%	2,289.00	2.50%	2,289.00	4,578.00
Total	1,33,060.00		4,779.00		4,779.00	9,558.00

Tax Amount (in words): **Nine Thousand Five Hundred Fifty Eight INR Only**

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**

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.

