

TAX INVOICE

Gautam Healthcare Private Limited

24B, First Floor, Cycle Mkt,
Jhandewalan Extension,
New Delhi-110 055
9811116228
AAECG9710C
DL Number DL MIM 145471 D1 22.06.2021
GSTIN/UIN 07AAECG9710C1ZV
State Name Delhi, Code 07
E-Mail vivek@gautamhealthcare.com
Consignee (Ship to)

DCDC Health Services Private Limited

District Hospital, Lakhimpur Khiri
District Hospital, Lakhimpur Khiri, Near T.B ward Hospital road,
Dist. Police line, Lakhimpur, Uttar pradesh 262701,
Contact No 6393323652
State Name : Uttar Pradesh, Code : 09
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. GST/2223/1053	Dated 31-Mar-23
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date.	Other References
Buyer's Order No. 87-032023-22014-6	Dated 6-Mar-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	Heparin Sodium 25000IU/5ml Batch : HP3004 Expiry : 31-Dec-24	30049099	100 Pcs 100 Pcs	140.00	Pcs	14,000.00
						840.00
						840.00
						CGST
						SGST
						Total
			100 Pcs			15,680.00 ₹

**DCDCHSPL CENTRE-LAKHIMPUR KHIRI
MATERIAL RECEIVED**

DATE: 3/04/2023
TIME: 6:00 PM RECEIVED BY: 

Amount Chargeable (in words) **Fifteen Thousand Six Hundred Eighty INR Only** E. & O E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
30049099	14,000.00	6%	840.00	6%	840.00	1,680.00
Total	14,000.00		840.00		840.00	1,680.00

Tax Amount (in words) **One Thousand Six Hundred Eighty INR Only**

Company's Bank Details
Bank Name : **Axis Bank Limited**
A/c No. : **917020076226068**
Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**
for Gautam Healthcare Private Limited

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.

Authorised Signatory