

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Gautam Healthcare Private Limited
 248, First Floor, Cycle Mkt,
 Jhandewalan Extension,
 New Delhi-110 055
 9811116228
 AAECG97100
 DL Number-DL-MTM-145471 DT 22.08.2021
 GSTIN/UIN: 07AAECG971001ZV
 State Name : Delhi, Code : 07
 State Name : Delhi, Code : 07
 CIN: U85100DL2011PTC227049
 E-Mail : vivek@gautamhealthcare.com

Invoice No. e-Way Bill No.	Dated
GST/2324/170 7813 3955 9940	16-May-23
Delivery Note	Mode/Terms of Payment
	30 Days
Reference No. & Date.	Other References
Buyer's Order No.	Dated
100-052023-22516-3	4-May-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Consignee (Ship to)
DCDC Health Services Private Limited
 DCDC Kidney Care-Moti Nagar
 H-1,Kailash Park, Near Moti Nagar Metro Station
 Pillar No-330, 110015
 Contact No : 8840000500
 State Name : Delhi, Code : 07

Buyer (Bill to)
DCDC Health Services Private Limited
 C-185,Maypuri 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	Blu002E Batch : 2301150140 Expiry : 24-Jan-26	90183990	2,000 pcs 2,000 pcs	100.00	pcs	2,00,000.00
2	Heparin Sodium 25000IU/5ml Batch : HP3008 Expiry : 31-Mar-25	30049099	700 pcs 700 pcs	140.00	pcs	98,000.00
						2,98,000.00
						17,880.00
						17,880.00
						CGST
						SGST
Total						3,33,760.00 ₹

Stock/No. of Boxes Received 66
 Subject to Physical Check OK
 Name/Employee Code Dr. Prathap IDP0023
 Centre Name MOTI NAGAR
 Date/Time 17.5.23 2:30 PM
 Signature [Signature] M. No. 884000500

Amount Chargeable (in words) **Three Lakh Thirty Three Thousand Seven Hundred Sixty INR Only**

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	2,00,000.00	6%	12,000.00	6%	12,000.00	24,000.00
30049099	98,000.00	6%	5,880.00	6%	5,880.00	11,760.00
Total	2,98,000.00		17,880.00		17,880.00	35,760.00

Tax Amount (in words) : **Thirty Five Thousand Seven 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

