

**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**  
 VY Hospital  
 Kamal Vihar, Near Sector 12, New Dhamtari Rd  
 Dunda-492001  
 Contact No : 8305940350  
 State Name : Chhattisgarh, Code : 22

Buyer (Bill to)  
**DCDC Health Services Private Limited**  
 C-185, Maypuri Industrial Area  
 Phase-II  
 Mayapuri  
 New Delhi-110064  
 State Name : Delhi, Code : 07

Invoice No. **GST/2324/1377**  
 Dated **22-Feb-24**  
 Delivery Note  
 Mode/Terms of Payment  
**30 Days**

Reference No. & Date.  
 Other References

Buyer's Order No. **25129**  
 Dated **6-Feb-24**  
 Dispatch Doc No.  
 Delivery Note Date

Dispatched through  
 Destination

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Hollow Fibre Dialyser B1.4P</b> Batch : 2303103422 Expiry : 25-Dec-26	90189031	<b>96 pcs</b> 96 pcs	307.00	pcs	<b>29,472.00</b>
	<b>CGST</b>					<b>736.80</b>
	<b>SGST</b>					<b>736.80</b>
	<b>Round Off</b>					<b>0.40</b>
	<b>Total</b>		<b>96 pcs</b>			<b>30,946.00 ₹</b>

*4 Box Received.*

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

Amount Chargeable (in words) **Thirty Thousand Nine Hundred Forty Six INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	29,472.00	2.50%	736.80	2.50%	736.80	1,473.60
<b>Total</b>	<b>29,472.00</b>		<b>736.80</b>		<b>736.80</b>	<b>1,473.60</b>

Tax Amount (in words) : **One Thousand Four Hundred Seventy Three INR and Sixty 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.

for Gautam Healthcare Private Limited  
 Authorized Signatory

