

4SFC - NORM

Product CODE : Origin Sc Dst. Sc P/U W/I Doz (1) Code
 Non Doz (2)

S Customer Code
H Company
I Sender
P Address
E City Pin
R Tel. Mob
 E-mail:

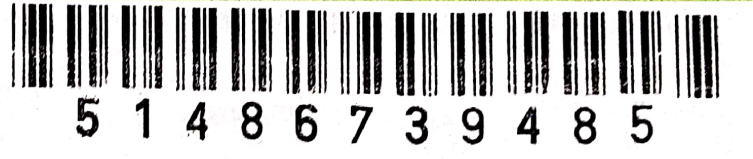
C Consignee Code
O Company
N Attn
S Address
I City Pin
G Tel. Mob
N E-mail:

DART SURFACELINE

 No. of Pkts
 Decl Value:
 Weight
 Dim Wt. (kg.):
 Act Wt. (kg.):
 No. of Delivery Challans

P/U Date	Time	Pcs/Out of	Description (Said to contain)	Shipper's Reference No.	Code	Details	Amount (Rs.)
21/11/19	15:00					Freight	
Ship Date	PUR#					RAS Charge	
P/U Emp#			721397314939			Fuel Surcharge	
Sign Name:						AWB Fee	

Received shipment in good condition. I/We agree to pay all charges including customs, duties, taxes & GST as applicable.
 CONSIGNEE'S SIGN
 Name
 Remarks
 Del. Date Time
 Del Emp# Sign
 Shipper's Name Shipper's Sign
 BSA CODE ODA
 Special Instructions SUB PRODUCT CODE



PLEASE QUOTE THE ABOVE NUMBER IN FUTURE CORRESPONDENCE
 Transaction Type Code FOC Code Cash Memo#
 Cash(1) Credit(2) Credit Card(3)
 BCN BTP NO

DCDCHSPL CENTRE-DIST. HOSPITAL LALITPUR
MATERIAL RECEIVED
 10/11/2019

DATE 5 OCT 2019
 RECEIVED BY 

Freight	
RAS Charge	
Fuel Surcharge	
AWB Fee	
FOV Charge/ Owner's risk	
FOV Charge/ Ins. Arrangement	
VCHC Charge	
DC Charge	
ODA Charge	
Other Charge	
TOTAL	
GST	
GRAND TOTAL	

CONSIGNEE'S COPY

Track @www.bluedart.com OR call us @ 1860-233-1234

NON-NEGOTIABLE-AT OWNER'S RISK

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Gautam Healthcare Private Limited

148, First Floor, Cycle Mkt,
Handewalan Extension,
New Delhi-110 055
0811116228
AAECG9710C
DL Number-DL-MTM-145471 DT 22.06.2021
GSTIN/UIN : 07AAECG9710C1ZV
State Name : Delhi, Code : 07
CIN: UB5100DL2011PTC227049
E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)

DCDC Health Services Private Limited

District Hospital Lalitpur
Dialysis Center, Manywar Kanshiram Joint District Hospital
Civil Lines, Lalitpur UP, 284403
Contact No : 8770441244
State Name : Uttar Pradesh, Code : 09


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.	e-Way Bill No.	Dated
GST/2324/1182	721397314939	13-Jan-24
Delivery Note		Mode/Terms of Payment
		30 Days
Reference No. & Date.		Other References
Buyer's Order No.		Dated
95-012024-24760		5-Jan-24
Dispatch Doc No.		Delivery Note Date
Dispatched through		Destination
Terms of Delivery		

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Blu002E Batch : 2301151731 Expiry : 14-Nov-26	90183990	120 pcs 120 pcs	100.00	pcs	12,000.00
2	OCI-HD140L Batch : 230804 Expiry : 30-Jul-26	90189031	120 pcs 120 pcs	295.00	pcs	35,400.00
						47,400.00
CGST						1,605.00
SGST						1,605.00
Total						50,610.00 ₹

Stock/No. of Boxes Received 09
Subject to Physical Check
Name/Employee Code Rakesh Manywar DC02153
Centre Name DH Lalitpur
Date/Time 18/01/2024 / 4:30 PM
Signature  M. No. 6286184991

Amount Chargeable (in words)

Fifty Thousand Six Hundred Ten INR Only

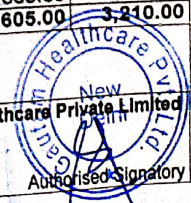
HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	12,000.00	6%	720.00	6%	720.00	1,440.00
90189031	35,400.00	2.50%	885.00	2.50%	885.00	1,770.00
Total	47,400.00		1,605.00		1,605.00	3,210.00

Tax Amount (in words) : **Three Thousand Two Hundred Ten 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.

for Gautam Healthcare Private Limited

Authorized Signatory