

Uackencery

GSTIN : 07ABGG6573H1ZA

Original Copy

TAX INVOICE GENCARE GLOBAL

GROUND FLOOR, Flat no.: B-542, Baal Krishan Thapar Marg, Near Sudershan
Park New Delhi 110015
Tel. : 9625232705 email : gencareglobe@gmail.com

1169
3

Invoice No. : 1169/2024-25
Dated : 20-09-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
E-Way Bill No. :
P.O NO. : 139-092024-27314
P.O DATE : 04-09-2024

Billed to :
DCDC Health Services Private Limited
C-185, First Floor
Rewari Line Industrial Area
Mayapuri, Phase-II, Delhi, 110064

Shipped to :
DCDC Health Services Private Limited
CHC, Huzurabad
AH Huzurabad, Dist-Karim Nagar-505468

Party Mobile No :
GSTIN / UIN : 07AAFCD0204K1Z1

Party Mobile No : 8639981498
GSTIN / UIN : 07AAFCD0204K1Z1

S.No.	Description of Goods	HSN/SAC Code	Qty.	Unit	List Price	Discount	Price	Amount(₹)
1.	BLUE GARBAGE BAG (BIG)	39232100	20.00	Pcs.	120.00	0.00 %	120.00	2,400.00
2.	RED GARBAGE BAG (SMALL)	39239090	10.00	Pcs.	120.00	0.00 %	120.00	1,200.00
3.	RED GARBAGE BAG (BIG)	39232100	20.00	Pcs.	120.00	0.00 %	120.00	2,400.00
4.	GREEN GARBAGE BAG (SMALL)	39239090	10.00	Pcs.	120.00	0.00 %	120.00	1,200.00
5.	YELLOW GARBAGE BAG (SMALL)	39239090	10.00	Pcs.	120.00	0.00 %	120.00	1,200.00

							8,400.00
	Add : CGST	@	9.00 %				756.00
	Add : SGST	@	9.00 %				756.00
	Add : ODA & Forwarding Charges						900.00

Grand Total 70.00 Pcs. ₹ 10,812.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
39232100	18%	4,800.00	432.00	432.00	864.00
39239090	18%	3,600.00	324.00	324.00	648.00
Total		8,400.00	756.00	756.00	1,512.00

Rupees Ten Thousand Eight Hundred Twelve Only

Bank Details : HDFC BANK BRANCH : MOTI NAGAR
A/C NO : 50200091740082 IFSC CODE : HDFC0004396

Terms & Conditions

- E & O.E.
- Goods once sold will not be taken back.
 - Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
 - Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For GENCARE GLOBAL

Authorised Signatory

Stacking of boxes Received 3 Bags (20x20x20)
Subject to Physical Check
Name/Employee Code ...
Centre Name ...
Date/Time ...
Signature ...

