

GSTIN : 07ABAFG6573H1ZA

Duplicate 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

Invoice No. : 505/2024-25  
Dated : 07-05-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. : DL01LAH0406  
Station : KARNAL  
E-Way Bill No. : 721431241225  
P.O NO. : 82-052024-26104  
P.O DATE : 03-05-2024

**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  
KCGMC KARNAL  
KALPANA CHAWLA GOVERNMENT  
MEDICAL COLLEGE MODEL TOWN  
KARNAL-132001  
Party Mobile No : 8929946744  
GSTIN / UIN : 07AAFCD0204K1Z1

Party Mobile No :  
GSTIN / UIN : 07AAFCD0204K1Z1

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	List Price	Discount	Price	Amount(₹)
1.	BLOOD TUBING 24040081C	90189032	920.00	Pcs.	96.00	0.00 %	96.00	88,320.00
2.	EXAM GLOVES MEDIUM 500 GMS	40151100	50.00	Pcs.	210.00	0.00 %	210.00	10,500.00

Stock/No. of Boxes Received do  
Subject to Physical Check  
Name/Employee Code Justi D.6.02043  
Centre Name KCGMC Karnal  
Date/Time 28.5.24  
Signature [Signature] M. No. 8929946744

Add : CGST @ 6.00 % 5,929.20  
Add : SGST @ 6.00 % 5,929.20

**Grand Total 970.00 Pcs. ₹ 1,10,678.40**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
40151100	12%	10,500.00	630.00	630.00	1,260.00
90189032	12%	88,320.00	5,299.20	5,299.20	10,598.40
<b>Total</b>		<b>98,820.00</b>	<b>5,929.20</b>	<b>5,929.20</b>	<b>11,858.40</b>

**Rupees One Lakh Ten Thousand Six Hundred Seventy Eight and Paise Forty Only**

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

**Terms & Conditions**

E. & O.E.

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

Receiver's Signature :

**For GENCARE GLOBAL**

Authorized Signatory  
Date/Time  
Name/Employee Code  
Stock/No. of Boxes Received  
Subject to Physical Check