

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

GOODWILL DIAGNOSTICS

**Goodwill Diagnostics**  
 Property No:-14, S.F., Industrial Area  
 Najafgarh Road, Tilak Nagar, New Delhi-110018  
 9643008035, 9643001224, 9643001225, 9643001230  
 DL No.:- DL-TLN-120177 (20B) / 120178 (21B)  
 GSTIN/UIN: 07AAMFG6381N1ZP  
 State Name : Delhi, Code : 07  
 E-Mail : goodwillagnostics@yahoo.com

Invoice No. <b>GD/006251/23-24</b>	Dated <b>12-Oct-23</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>72-082023-23439</b>	Dated <b>7-Aug-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 Ambedkar Nagar Combined Hospital, Akbarpur,  
 Ambedkar Nagar, Uttar Pradesh, 224122.,  
 224122, Contact No : 7268821754  
 State Name : Uttar Pradesh, Code : 09  
 Contact person : Tel: 8506056008  
 Contact : Tel: 8506056008

Buyer (Bill to)  
**DCDC Health Service Pvt. Ltd.**  
 C-185, 1st Floor, Mayapuri Industrial Area  
 Phase - II, Mayapuri, New Delhi-110064, Tel: 8506056008  
 State Name : Delhi, Code : 07  
 Contact person : Tel: 8506056008  
 Contact : Tel: 8506056008

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc %	Amount
1	<b>BM HCV Tri-Dot (100 Test)(12%)</b>  Batch : HCD052325  Expiry : 30-Apr-25 Rate of Duty: 12%	38221990	12 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT		5,425.00
								5,425.00
							6 %	325.50
							6 %	325.50
								CGST@6% SGST@6%
<b>Total</b>				<b>1 KIT</b>				<b>₹ 6,076.00</b>

Amount Chargeable (in words)

**INR Six Thousand Seventy Six Only**

HSN/SAC	Taxable Value		CGST		SGST/UTGST		Total Tax Amount
	Rate	Amount	Rate	Amount	Rate	Amount	
38221990		5,425.00	6%	325.50	6%	325.50	651.00
<b>Total</b>		<b>5,425.00</b>		<b>325.50</b>		<b>325.50</b>	<b>651.00</b>

Tax Amount (in words) : **INR Six Hundred Fifty One Only**

Company's Bank Details  
 A/c Holder's Name : **Goodwill Diagnostics**  
 Bank Name : **Punjab National Bank (CC)**  
 A/c No. : **0627008700408974**  
 Branch & IFS Code : **Naraina Vihar & PUN0062700**

Remarks:  
 SID (AKBARPUR)  
 Company's PAN : **AAMFG6381N**

Declaration  
 We declare that this invoice shows the actual goods described and that all particulars are true and correct.

Stock/No. of Boxes Received ..... **4** .....  
 Subject to Physical Check  
 Name/Employee Code ..... **DC02110** .....  
 Centre Name ..... **Haridwar** .....  
 Date/Time ..... **27/10/23** .....  
 Signature ..... **[Signature]** ..... M. No. .... **8931807692** .....

