

TAX INVOICE

(ORIGINAL FOR RECEIPT)

**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 : goodwilldiagnostics@yahoo.com

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 District Hospital Hardoi, Pandit Ram Dayal  
 Trivedi District, Hospital, Avas Vikas Colony,  
 241001, Contact No : 9129743658  
 State Name : Uttar Pradesh, Code : 09  
 Contact person : Tel: 8506056008  
 Contact : Tel: 8506056008

Buyer (Bill to)  
**DCDC Health Service Pvt. Ltd.**  
 C-165, 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

Invoice No. <b>GD/006252/23-24</b>	Dated <b>12-Oct-23</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>86-082023-23456</b>	Dated <b>7-Aug-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount	
1	<b>BM Hepacard</b> Batch : HPC082342 Expiry : 31-Jan-26 Rate of Duty: 5%	30021290	5 %	100 TEST 100 TEST	11.50	TEST		1,150.00	
2	<b>BM HIV Tri-Dot (100 T)</b> Batch : HTD082354 Expiry : 30-Jul-25 Rate of Duty: 5%	30021290	5 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,325.00	KIT		5,325.00	
3	<b>BM HCV Tri-Dot (100 Test)(12%)</b> Batch : HCD082340 Expiry : 31-Jul-25 Rate of Duty: 12%	38221990	12 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT		5,425.00	
								11,900.00	
								325.50	
								325.50	
								161.88	
								161.88	
								0.24	
								CGST@6% SGST@6% CGST@2.5% SGST@2.5% Rounded Off	
								6 % 6 % 2.50 % 2.50 %	
Stock/No. of Boxes Received ..... <u>1 BOX</u> ..... Subject to Physical Check Name/Employee Code ..... <u>AYUSHYADAV / DC00858</u> ..... Centre Name ..... <u>DH Hardoi</u> ..... Date/Time ..... <u>14/10/23 / 12:30 PM</u> ..... Signature ..... <u>[Signature]</u> ..... M. No. <u>9129743658</u>									
Total								300 TEST	₹ 12,875.00
								E. & O.E	

Amount Chargeable (in words)  
**INR Twelve Thousand Eight Hundred Seventy Five Only**

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
30021290	6,475.00	2.50%	161.88	2.50%	161.88	323.76
38221990	5,425.00	6%	325.50	6%	325.50	651.00
<b>Total</b>	<b>11,900.00</b>		<b>487.38</b>		<b>487.38</b>	<b>974.76</b>

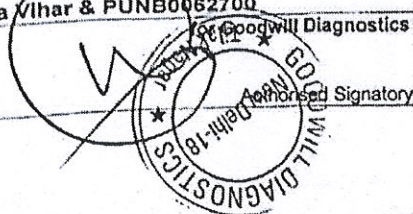
Tax Amount (in words) : **INR Nine Hundred Seventy Four and Seventy Six paise Only**

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 & PUNB0062700

Remarks:  
 SID (HARDOI)  
 Company's PAN : AAMFG6381N

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

This is a Computer Generated Invoice



For Back end  
[Signature]