

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

Consignee (Ship to)

**DCDC Health Service Pvt. Ltd.**  
 Civil Hospital Hisar, CIVIL HOSPITAL TAYAL  
 BAGH, COLONY NEAR BUS STAND,  
 125001, Contact No : 8506008111  
 State Name : Haryana, Code : 06  
 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

Invoice No  
**GD/00779/23-24**  
 Delivery Note

Dated  
**26-Apr-23**  
 Mode/Terms of Payment

Reference No. & Date  
 Other References

Buyer's Order No  
**27-042023-22318-7**  
 Dispatch Doc No

Dated  
**6-Apr-23**  
 Delivery Note Date

Dispatched through  
 Destination

Terms of Delivery

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	<b>BM Hopacard</b> Batch : HPC032311 Expiry : 31-Aug-25 Rate of Duty : 5%	30021290	5 %	100 TEST 100 TEST	11.50	TEST		1,150.00
2	<b>BM HCV Tri-Dot (100 Test)(12%)</b> Batch : HCD032313 Expiry : 28-Feb-25 Rate of Duty : 12%	38221990	12 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT		5,425.00
3	<b>BM HIV Tri-Dot (100 T)</b> Batch : HTD032320 Expiry : 28-Feb-25 Rate of Duty : 5%	30021290	5 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,325.00	KIT		5,325.00
								11,900.00
								161.88
								161.88
								325.50
								325.50
								0.24
<b>Total</b>								<b>₹ 12,875.00</b> E & OE

CGST@2.5%  
 SGST@2.5%  
 CGST@6%  
 SGST@6%  
 Rounded Off

Stock/No. of Boxes Received ..... I .....  
 Subject to Physical Check  
 Name/Employee Code ..... ROHIT / DRO0097  
 Centre Name ..... C.H. HISAR  
 Date/Time ..... 27/4/23 ..... 2:30 P.M.  
 Signature ..... Rohit ..... M. No. 850600594

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

HSN/SAC	Taxable Value	Central Tax		State Tax		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 (OC)**  
 A/c No. : **0627008700408974**  
 Branch & IFS Code : **Naraina Vihar & PUNB0062700**

Remarks:  
 SID (HISAR TAYAL BAGH)  
 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.

