

Product CODE: 961

305653

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SHIPPER
 Customer Code: 305653
 Company: GAITHANON, WFLA
 Shipper Address: THUNDERBOLT RD
 City: DELT Pin: 110155
 Tel: Mob:
 E-mail:

CONSIGNEE
 Customer Code:
 Company:
 Shipper Address: VU WSPR 10
 City: KIMBER Pin: VIMPR
 Tel: DINAR20 Mob: 492001
 E-mail:

PU Date: 30/11 Type: Kit

Ship Date: PUR#

PU Emp# 92110

Name: Sign:

Received shipment in good condition. I agree to pay all charges including customs, duties, taxes & GST as applicable.

CONSIGNEE'S SIGN:

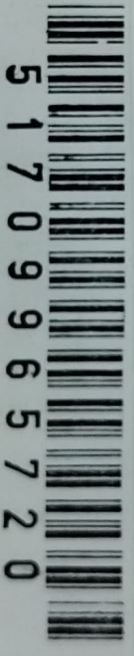
Remarks:

Post/Out of

Description (Add to contain)

Shipper's Reference No. 7513 8675 2008

Code



PLEASE QUOTE THE ABOVE NUMBER IN FUTURE CORRESPONDENCE

Transaction Type:

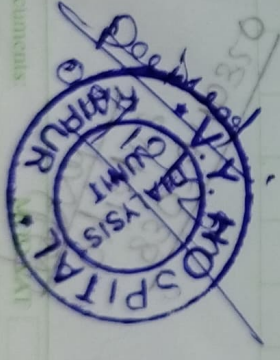
Cash (1) Credit (2) Credit Card (3)

BCN BTP NO

Shipper's Name:
 Shipper's Sign:
 ESA CODE:
 Special Instructions:
 ODA
 SUB PRODUCT CODE

Attached Documents:

Details	Amount (Rs.)
Freight	
RMS Charge	
Fuel Surcharge	
AWB Fee	
POV Charge	
Owner's Risk	
POV Charge	
Ins. Arrangement	
WCM Charge	
DK Charge	
ODM Charge	
Other Charge	
TOTAL	
GST	
GRAND TOTAL	



DART SURFACELINE

BLUE DART

193813

32X28X30

12X24X30V125

215.46

CONSIGNEE'S COPY

Track @www.bluedart.com OR call us @ 1860-233-1234

NON-NEGOTIABLE AT OWNER'S RISK

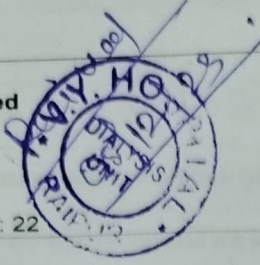
TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Gautam Healthcare Private Limited
 3, First Floor, Cycle Mkt,
 Handewalan Extension,
 New Delhi-110 055
 8811116228
 AAECG9710C
 DL Number-DL-MTM-145471 DT 22.06.2021
 GSTIN/UIIN: 07AAECG9710C1ZV
 State Name : Delhi, Code : 07
 CIN: U85100DL2011PTC227049
 E-Mail : vivek@gautamhealthcare.com

Invoice No. e-Way Bill No. Dated
GST/2324/945 751386752008 30-Nov-23
 Delivery Note Mode/Terms of Payment
30 Days
 Reference No. & Date. Other References
 Buyer's Order No. Dated
155-112023-24399-1 29-Nov-23
 Dispatch Doc No. Delivery Note Date
 Dispatched through Destination
 Terms of Delivery

30



DCDC Health Services Private Limited
 VY Hospital
 Kamal Vihar, Near Sector 12,
 New Dhamtari Rd, Dunda-492001
 Contact No : 9050092608
 State Name : Chhattisgarh, Code : 22
 Buyer (Bill to)

DCDC Health Services Private Limited
 C-185, Mayapuri Industrial Area
 Phase-II
 Mayapuri
 New Delhi-110064
 State Name : Delhi, Code : 07

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Hollow Fibre Dialyser B1.4P Batch : 2303102382 Expiry : 31-May-24	90189031	312 pcs 312 pcs	307.00	pcs	95,784.00
2	Blu002E Batch : 2301151550 Expiry : 5-Oct-26	90183990	600 pcs 600 pcs	100.00	pcs	60,000.00
3	AVF2516LF01E Vital 16G Batch : 2302150154 Expiry : 23-Jul-26	90183990	1,000 pcs 1,000 pcs	11.50	pcs	11,500.00
4	AVF2517LF01E Vital G17 Batch : 2302150169 Expiry : 6-Aug-26	90183990	500 pcs 500 pcs	11.50	pcs	5,750.00
5	Transducer Protector-Dora Batch : 2304100199 Expiry : 17-May-26	90189031	1,000 pcs 1,000 pcs	6.00	pcs	6,000.00
						1,79,034.00
						7,389.60
						7,389.60
						(-)-0.20
Total						1,93,813.00 ₹

CGST
 SGST
 Round Off

Less:

Received
 3998
 245

Amount Chargeable (in words)
One Lakh Ninety Three Thousand Eight Hundred Thirteen INR Only

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	95,784.00	2.50%	2,394.60	2.50%	2,394.60	4,789.20
90183990	77,250.00	6%	4,635.00	6%	4,635.00	9,270.00
90189031	6,000.00	6%	360.00	6%	360.00	720.00
Total	1,79,034.00		7,389.60		7,389.60	14,779.20

Tax Amount (in words) : **Fourteen Thousand Seven Hundred Seventy Nine INR and Twenty Only**

Company's PAN : **AAECG9710C**
 Declaration
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.
 Company's Bank Details
 A/c Holder's Name: **Gautam Healthcare Private Limited**
 Bank Name: **Axis Bank Limited**
 A/c No.: **917020076226068**
 Branch & IFS Code: **Jhandewalan Extension & UTIB0000738**
 for **Gautam Healthcare Private Limited**

