

TAX INVOICE

Gupta Medical Device
KHASHRA NO 106/1,GROUND FLOOR, POOTH KALA VILLAGE NEAR 12 NOB TRANSFERMAR DELHI 110086

PAN: AWNPS2841N

GSTIN: 07AWNPS2841N1ZT

Tel.: 8470009615, 9810371170 email: gmdevice@yahoo.com Drug Licence No.: RMD/DCD/23/ZO-5170/2023

Invoice No.

: GMD/0527/23-24

TIRUPATI COURIER

Dated

24-12-2023

Place of Supply Reverse Charge Uttar Pradesh (09)

GR/RR No.

Transport Vehicle No.

Station

Buyer Order No Order Date

: 89-122023-24475 : 07-12-2023

Supplier Ref.

Other Ref.

Delivery Note Mode/terms of P

Despatch Throug :

Destination

: Uttar Pradesh

Billed to :

DCDC HEALTH SERVICE PVT

C-185, MAYAPURI INDUSTRIAL AREA PHASE 2

DELHI 11007

Shipped to :

DCDC HEALTH SERVICE PVT

District Hospital, Pilibhit Dialysis Unit District Hospital, Pilibhit Near Kendriya Vidyalaya, Tanakpur Road, Ekta Nagar,

Pilibhit, Uttar Pradesh-262001

Party PAN GSTIN / UIN : AAFC00204K

: 07AAFCD0204K1Z1

D.L. No.

Party PAN GSTIN / UIN : AAFC00204K : 07AAFCD0204K1Z1

D.L. No.

S.N.	Description of Goods	HSN/SAC Code	Qty. Unit	Price		IGST Amount	Amount()
1.	SODIUM HYPOCHLORIDE 10% JAR	28289011	5.00 JAR	180.00	18.00 %	162.00	1,062.00

1,062.00 Add : CARTAGE 810.00

Grand Total

5.00 JAR

1,872,00

Tax Rate 18%

Taxable Amt. IGST Amt.

900.00

162.00

Total Tax 162.00

Rupees One Thousand Eight Hundred Seventy Two Only

Declaration

Section -9

BANK NAME: PUNJAN NATIONAL BANK, BRANCH: SANT NAGAR BURARI A/C NO: 17294015001319 IFSC CODE: PUNB0172910

Bank Details: BANK DETAILS: GUPTA MEDICAL DEVICE BANK NAME & BRANCH: PNB ACCOUNT NO:1710005502127812 IFSC CODE:PUNB0171000

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 :

Stock/No. of Boxes Received

Subject to Physical Check

Name/Employee Code DCOM 73/1/10 For Gupta Medical Device

Date/Time 26/12/23 / 4:50 PM Signature / M. R. 90.48 Authorised Signatory