	NOB <b>GS1</b> 8470009615,	<b>A Me</b> GROUNE B TRANS PAN <b>TIN : 0</b> 981037	edi o FLO FERM : AW 7AWI 1170	OICE Cal Dev OR, POOTH K. MAR DELHI 110 NPS2841N NPS2841N12 email : gmdevi DCD/23/20-51	)086 <b>1T</b> ice@yah	oo.com	AR 12		Original Co
Invoice No.       :       GMD/0536/23-24         Dated       :       24-12-2023         Place of Supply       :       Chhattisgarh (22)         Reverse Charge       :       N         Buyer Order No       :       131-122023-24662-13         Order Date       :       22-12-2023				Supplier Ref.:Other Ref.:Delivery Note:Mode/terms of P:Despatch Throug:Destination:					
Billed to :         DCDC HEALTH SERVICE PVT         C-185,MAYAPURI INDUSTRIAL AREA PHASE 2         DELHI 11007         Party PAN : AAFC00204K         GSTIN / UIN : 07AAFCD0204K1Z1				Shipped to :         DCDC HEALTH SERVICE PVT         Civil Hospital Kharsia,Hospital Road         District Raigarh-496661         Party PAN : AAFC00204K         GSTIN / UIN : 07AAFCD0204K1Z1					
D.L. No. : S.N. Description of Goods	HSN/SAC	Qty.		D.L. No. Price		CGST	SGST	SGST Amount	Amount (`)
1. SODIUM HYPOCHLORIDE 10% JAR	<b>Code</b> 28289011	5.00	JAR	180.00	<b>Rate</b> 9.00 %	<b>Amount</b> 81.00	9.00 %	81.00	1,062.00
			Add	: CARTAGE					<b>1,062.00</b> 1,300.00
Grand Total 5.00 JAR									2,362.00
Rupees Two Thousand Three Hu	31.00 162 ndred Sixty NAME : PUNJA	00 <b>/ Two C</b> <u>De</u> N NATION	Sec	ation tion -9 NK, BRANCH : SA IFSC CODE : PUNI	NT NAGA 80172910	R BURARI )			
Bank Details : BANK DETAILS :GI ACCOUNT NO :171	JPTA MEDIC	AL DEV	ICE B	ANK NAME & E	BRANCH			CHIDNE	YCA
Terms & Conditions E.& O.E. 1. Goods once sold will not be taken back. 2. Interest @ 18% p.a. will be charged if the is not made with in the stipulated time. 3. Subject to 'Delhi' Jurisdiction only.	bayment Na Ce Da	bject to me/Emp ntre Nar te/Time	Physic Physic loyee ne	r's Signature : es Received cal Check Code, Code, Civil HSP P2 · 2 9 N. M. N	CO32 Khari Sopm	98 519 223556		SPITI	8tA ot 34 dical Device d Signatory