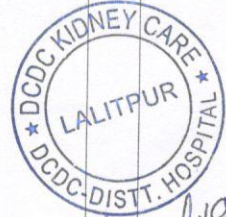


TAX INVOICE

Gautam Healthcare Private Limited 248, First Floor, Cycle Mkt, Jhandewalan Extension, New Delhi-110 055 9811116228 AAECG9710C DL Number-DL-MTM-145471 DT 22.06.2021 GSTIN/UIN: 07AAECG9710C1ZV State Name : Delhi, Code : 07 E-Mail : vivek@gautamhealthcare.com	Invoice No.	Dated
	GST/2223/1055	31-Mar-23
DCDC Health Services Private Limited District Hospital Lalitpur Dialysis Center, Manywar Kanshiram Joint District Hospital Civil Lines, Lalitpur UP, 284403 Contact No : 8770441244 State Name : Uttar Pradesh, Code : 09	Delivery Note	Mode/Terms of Payment
		30 Days
Consignee (Ship to)	Reference No. & Date.	Other References
DCDC Health Services Private Limited C-185, Maypuri Industrial Area Phase-II Mayapuri New Delhi-110064 State Name : Delhi, Code : 07	Buyer's Order No.	Dated
	95-032023-22006-4	6-Mar-23
Buyer (Bill to)	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Heparin Sodium 25000IU/5ml Batch : HP3004 Expiry : 31-Dec-24	30049099	200 Pcs 200 Pcs	140.00	Pcs	28,000.00
	CGST					1,680.00
	SGST					1,680.00
Total						31,360.00 ₹

DCDCHSPL CENTRE-DIST. HOSPITAL LALITPUR
MATERIAL RECEIVED
 DATE 5/4/2023
 TIME 12:47 P.M
 RECEIVED BY Vivek Srivastava



Amount Chargeable (in words) **Thirty One Thousand Three Hundred Sixty INR Only** E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
30049099	28,000.00	6%	1,680.00	6%	1,680.00	3,360.00
Total	28,000.00		1,680.00		1,680.00	3,360.00

Tax Amount (in words) : **Three Thousand Three Hundred Sixty INR 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
 Bank Name : **Axis Bank Limited**
 A/c No. : **917020076226068**
 Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**
 for Gautam Healthcare Private Limited

Authorised Signatory