

TAX INVOICE LA-26019767 (ORIGINAL FOR RECIPIENT)

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
 CIN: U85100DL2011PTC227049
 E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)
DCDC Health Services Private Limited
 District Hospital sant kabir nagar
 District Hospital, Mehawal Road, Khalilabad, 272175
 Contact No : 9554310933
 State Name : Uttar Pradesh, Code : 09

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

Invoice No. **GST/24-25/21**
 Dated **6-Apr-24**

Delivery Note
 Mode/Terms of Payment
30 Days

Reference No. & Date.
 Other References

Buyer's Order No.
90-042024-25798
 Dated **5-Apr-24**

Dispatch Doc No.
 Delivery Note Date

Dispatched through
 Destination

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Hollow Fibre Dialyser B1.4P Batch : 2303103422 Expiry : 25-Dec-26	90189031	96 pcs 96 pcs	307.00	pcs	29,472.00
	CGST					736.80
	SGST					736.80
	Round Off					0.40
	Total		96 pcs			30,946.00 ₹

Stock/No. of Boxes Received **04**
 Subject to Physical Check
 Name/Employee Code **MOHAN CHANIKRA MISHRA**
 Centre Name **Sant Kabir Nagar** **DC03463**
 Date/Time **12/04/2024 / 3:00pm**
 Signature **[Signature]** M. No. **9310146075**

Amount Chargeable (in words)
Thirty Thousand Nine Hundred Forty Six INR Only

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	29,472.00	2.50%	736.80	2.50%	736.80	1,473.60
Total	29,472.00		736.80		736.80	1,473.60

Tax Amount (in words) : **One Thousand Four Hundred Seventy Three INR and Sixty 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

Authorized Signatory

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

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 Jhandewalan Extension,
 New Delhi-110 055
 9811116228
 AAECG9710C
 DL Number-DL-MTM-145471 DT 22.06.2021
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 C-185, Mayapuri Industrial Area
 Phase-II
 Mayapuri
 New Delhi-110064
 State Name : Delhi, Code : 07

Invoice No. GST/24-25/21	Dated 6-Apr-24
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date.	Other References
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Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

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 for Gautam Healthcare Private Limited

Authorized Signatory



LR: 260119767

MAWB: 16179210697476

Box count: DOC

Client: SAEXPRESS B2BC

LM Pincode: 272176

OID: 24-26/21



16179210697513