



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/0526/23-24
 Dated : 24-12-2023
 Place of Supply : Uttar Pradesh (09)
 Reverse Charge : N
 GR/RR No. :
 Transport : TIRUPATI
 Vehicle No. :
 Station :

Buyer Order No : 103-122023-24441
 Order Date : 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

Party PAN : AAFC00204K
 GSTIN / UIN : 07AAFC0204K1Z1
 D.L. No. :

Shipped to :
 DCDC HEALTH SERVICE PVT
 District Hospital Kasganj Dialysis Cente
 Combined District Hospital Kasganj, Vill.
 Mammon District Kasganj Near District
 Court Kasganj, Uttar Pardesh-207123
 Party PAN : AAFC00204K
 GSTIN / UIN : 07AAFC0204K1Z1
 D.L. No. :

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	Price	IGST Rate	IGST Amount	Amount ()
1.	SODIUM HYPOCHLORIDE 10% JAR	28289011	15.00	JAR	180.00	18.00 %	486.00	3,186.00
								3,186.00
								2,430.00
Grand Total								15.00 JAR
								5,616.00

I have empty box in cases received
 Add : CARTAGE

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
18%	2,700.00	486.00	486.00

Rupees Five Thousand Six Hundred Sixteen Only

Stock/No. of Boxes Received 3 - Box
 Subject to Physical Check
 Name/Employee Code *Faira* 0.22.86
 Centre Name *D.H. MASL*
 Date/Time *26/12/2023*
 Signature *Faira* M. No. *931986940*

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 :

For Gupta Medical Device

Authorised Signatory