



Original Copy

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/0481/23-24
Dated : 21-11-2023
Place of Supply : Delhi (07)
Reverse Charge : N
Buyer Order No : 53-112023-24162
Order Date :

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

Shipped to :
DCDC HEALTH SERVICE PVT
DISTRICT HOSPITAL SIDDHARTHA NAGAR
MUDILA ,NAUGARH
272207

Party PAN : AAFC00204K
GSTIN / UIN : 07AAFC00204K1Z1
D.L. No. :

Party PAN : AAFC00204K
GSTIN / UIN : 07AAFC00204K1Z1
D.L. No. :

Table with columns: S.N., Description of Goods, HSN/SAC Code, Qty, Unit, Price, CGST Rate, CGST Amount, SGST Rate, SGST Amount, Amount(₹)

Less : Rounded Off (-)

Grand Total 6.00 JAR

₹ 1,274.00

Table with columns: Tax Rate, Taxable Amt, CGST Amt, SGST Amt, Total Tax

Rupees One Thousand Two Hundred Seventy Four 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 :

For Gupta Medical Device

Authorised Signatory

Handwritten notes and signatures including Stock/No. of Boxes Received, Subject to Physical Check, Name/Employee Code, Centre Name, Date/Time, Signature, M. No., and a date stamp.