

TAX INVOICE

(TRIPLICATE FOR SUPPLIER)

**INDIA BIO-MEDICAL PRIVATE LIMITED**  
 Head Office: 740 & 741, Lake Town Block-A, Kolkata-89  
 Regd Office: 146 M.G Road, Kolkata-700007  
 FACTORY: 1, No. Ramkrishana Soorki Mill  
 Vill: Pailan P.S Bishnupur, D.H.Road, 24 PGN 700104  
 DL NO: WB/KOL/NBO/W/675223  
 DL NO: WB/KOL/BIO/W/375223  
 GSTIN/UIN: 19AAACI7241L1ZB  
 State Name : West Bengal, Code : 19  
 CIN: U24294WB2000PTC091682  
 E-Mail : order@indiabiomedical.in

Invoice No. <b>IBM/0909/24-25</b>	Dated <b>21-Jun-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No.	Dated
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>WB03C7247</b>
Terms of Delivery	

~~26337~~  
26337

Consignee (Ship to)  
**DCDC HEALTHCARE SERVICES PVT LTD**  
 C/O - RUBY GENERAL HOSPITAL  
 576, Anandapur Main Rd.  
 Golpark, Sector I, Kasba.  
 Kolkata, West Bengal 700107  
 State Name : West Bengal, Code : 19

Buyer (Bill to)  
**DCDC HEALTHCARE SERVICES PVT LTD**  
 C/O - RUBY GENERAL HOSPITAL  
 576, Anandapur Main Rd.  
 Golpark, Sector I, Kasba.  
 Kolkata, West Bengal 700107  
 State Name : West Bengal, Code : 19

HSN/SAC	Quantity	Rate	per	Disc. %	Amount
300490	400 BOTTLE 400 BOTTLE	17.50	BOTTLE		7,000.00
300490	1,200 PCS. 1,200 PCS.	28.50	PCS.		34,200.00
					41,200.00
					2,472.00
					2,472.00
<b>Total</b>					<b>46,144.00 Rs.</b>

CGST  
SGST

**ORMAL SALAINE -500 ML**  
 Batch : N4030792  
 Expiry: 30-Apr-26  
**ORMAL SALAINE 1000ML**  
 Batch : M4030785  
 Expiry: 30-Apr-26

Stock/No. of Boxes Received ..... 116 ✓  
 Subject to Physical Check ..... (C) CO2251  
 Name of Employee Code .....  
 Centre Name ..... RGH  
 Date/Time ..... 21/6/24, 4:00 Pm  
 Signature ..... Mam ..... M. No. .... 85060 05556

Amount Chargeable (in words)

**Forty Six Thousand One Hundred Forty Four INR Only**

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
30490	41,200.00	6%	2,472.00	6%	2,472.00	4,944.00
<b>Total</b>	<b>41,200.00</b>		<b>2,472.00</b>		<b>2,472.00</b>	<b>4,944.00</b>

Amount (in words) : **Four Thousand Nine Hundred Forty Four INR Only**  
 Company's PAN : AAACI7241L

for INDIA BIO-MEDICAL PRIVATE LIMITED

I declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signatory

SUBJECT TO KOLKATA JURISDICTION  
 This is a Computer Generated Invoice

Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name of Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. ....