

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

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. Ramkrishna Soorki Mill
 VIII, Pailan P. S Bishnupur, D.H. Road, 24 PGN 700104
 DL NO: WB/KOL/NBO/W/675223
 DL NO: WB/KOL/BIO/W/7241L1ZB
 GSTIN/UIN: 19AAACI7241L1ZB
 State Name : West Bengal, Code : 19
 CIN: U24294WB2000PTC091682
 E-Mail : order@indiabiomedical.in

Invoice No. IBM/1391/24-25	Dated 29-Jul-24
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. WB03C7247
Terms of Delivery	

26708

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

NORMAL SALAINE 100ML
 Batch: M4030919
 Expiry: 31-May-26

HSN/SAC	Quantity	Rate	per	Disc. %	Amount
300490	1,200 PCS. 1,200 PCS.	28.50	PCS.		34,200.00
					2,052.00
					2,052.00
					CGST
					SGST
Total					1,200 PCS. 38,304.00 Rs. E. & O.E

Amount Chargeable (in words)
Thirty Eight Thousand Three Hundred Four INR Only

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
300490	34,200.00	6%	2,052.00	6%	2,052.00	4,104.00
Total			2,052.00		2,052.00	4,104.00

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

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

for **INDIA BIO MEDICAL PRIVATE LIMITED**

 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION
 This is a Computer Generated Invoice

Stock/No. of Boxes Received **1200 Pes**
 Subject to Physical Check
 Name/Employee Code **Somen Das**
 Centre Name **R.G.H.**
 Date/Time **7 pm - 29/7/24**
 Signature **S.Das** M. No. **8503005556**