

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

INDIA BIO-MEDICAL PRIVATE LIMITED
 Regd. Office: 146, M.G. Road, Kolkata-700007
 Head Office: 740 & 741, Lake Town Block-A, Kolkata-89
 FACTORY: 1, No. Ramkrishana Soorki Mill
 VIII: Pailan P.S Bishnupur, D.H. Road, 24 PGN 700104
 Ph: Office: 033 40630559 / 25349388
 GSTIN/UIN: 19AAACI7241L1ZB
 State Name : West Bengal, Code : 19
 CIN: ..+.
 E-Mail : order@indiabiomedical.com

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

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Invoice No. IBM/2247/23-24	Dated 2-Dec-23
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
Terms of Delivery	

24245

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	NORMAL SALAINE 1000ML-PDPL Batch : M3031759 Expiry : 31-Oct-25	300490	840 PCS. 840 PCS.	28.50	PCS.		23,940.00
2	NORMAL SALAINE -500 ML Batch : N3031382 Expiry : 31-Aug-25	300490	400 BOTTLE 400 BOTTLE	17.50	BOTTLE		7,000.00
							30,940.00
							1,856.40
							1,856.40
							0.20
Total							34,653.00 Rs.

CGST
 SGST
 ROUND OFF:

Amount Chargeable (in words)

Thirty Four Thousand Six Hundred Fifty Three INR Only

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
300490	30,940.00	6%	1,856.40	6%	1,856.40	3,712.80
Total	30,940.00		1,856.40		1,856.40	3,712.80

Tax Amount (in words) : **Three Thousand Seven Hundred Twelve INR and Eighty paise Only**

Company's PAN : AAACI7241L

Declaration
 (DL.No.WB/KOL/NBO/W/675223 WB/KOL/BIO/W/675223)
 (MANUFACTURING LICENCE- DL. No. 1611M)

- We declare that this invoice shows the actual price of the goods described & that all particulars are true.
 - Interest will be charge @ 24% PA after 30 days.
- The entire responsibility for any breakage & shortage in transit lieu with the buyer.
 Goods once sold shall not be accepted back

Stock/No. of Boxes Received **70x16**
 Subject to Physical Check
 Name/Employee Code **DC00268**
 Centre Name **R.G.H.**
 Date/Time **21/12/23 7:30pm**
 Signed by **S Das**
 Authorised Signatory

This is a Computer Generated Invoice