

Tax Invoice Cum Delivery Challan


e-Invoice



IRN : d1d313b9f25b3a7c05ced05c74560399e10e614410f4cdb-f5919a21fa5cc79ae  
 Ack No. : 182415606722578  
 Ack Date : 27-Feb-24

<b>ARIVATION HEALTHCARE PRIVATE LIMITED</b> Site Office: 16/24 Dr. Suresh Chandra Banerjee Road KOLKATA Kolkata WB KOLKATA-700010 GSTIN/UIN: 19AASCA6131H1ZF State Name : West Bengal, Code : 19 Contact : 6289556902,9836667979 E-Mail : arivationhealthcare@gmail.com Consignee (Ship to) <b>DCDC Health Service Pvt. Ltd.</b> District Hospital Deoria; postpartum chauraha Deoria, UTTAR PRADESH-274001; Contact No : 9506254443 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 Buyer (Bill to) <b>DCDC Health Service Pvt. Ltd.</b> C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCDU204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Invoice No. <b>AHPL/2324/503</b> e-Way Bill No. <b>861389689961</b> Dated <b>27-Feb-24</b>
	Delivery Note Mode/Terms of Payment <b>30 DAYS</b>
Reference No. & Date. Other References	Buyer's Order No. <b>76-022024-25080</b> Dated <b>7-Feb-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through <b>SAFEXPRESS</b>	Destination <b>Deoria</b>
Vessel/Flight No.	Place of receipt by shipper:
City/Port of Loading	City/Port of Discharge
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	<b>Dry Dialysate 36.83x – 50 Lit.MIX (With Part B)</b> Batch : DC2324420 Expiry : 18-Feb-26  Igst Output	30049032	<b>100 Pcs</b> 100 Pcs	825.00	Pcs		<b>82,500.00</b>  <b>9,900.00</b>
Stock/No. of Boxes Received <i>100</i> Subject to Physical Check Name/Employee Code <i>K. S. Banerjee</i> Centre Name <i>Deoria</i> Date/Time <i>27/2/24</i> Signature <i>[Signature]</i> M. No. <i>7908232496</i>			<b>Total</b>			<b>100 Pcs</b>	<b>₹ 92,400.00</b>

Amount Chargeable (in words) <b>Indian Rupees Ninety Two Thousand Four Hundred Only</b>	Company's Bank Details A/c Holder's Name : <b>ARIVATION HEALTHCARE PRIVATE LIMITED</b> Bank Name : <b>Union Bank of India</b> A/c No. : <b>015225010000001</b> Branch & IFS Code : <b>Dharmatolla Branch &amp; UBIN0530131</b> SWIFT Code : <b>UBININBBOCL</b>
Declaration DL No: WB/KOL/NBO/W/320645 & WB/KOL/BOW/320645 MSME UAM No. WB10D0023343 Interest @24% PA will be charged after credit period Goods once sold will not be taken back or exchanged	for <b>ARIVATION HEALTHCARE PRIVATE LIMITED</b>  <i>[Signature]</i> Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION  
 This is a Computer Generated Invoice