

GSTIN : 07ABAFG6573H1ZA

Original

TAX INVOICE GENCARE GLOBAL

GROUND FLOOR, Flat no.: B-542, Baal Krishan Thapar Marg, Near Sudershan Park New Delhi 110015

Tel. : 9625232705 email : gencareglobe@gmail.com

Invoice No. : 678/2024-25
Dated : 11-06-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport : .

Vehicle No. :
Station :
E-Way Bill No. :
P.O NO. : 76-062024-26359
P.O DATE : 04-06-2024

Billed to :
DCDC Health Services Private Limited
C-185, First Floor
Rewari Line Industrial Area
Mayapuri, Phase-II, Delhi, 110064

Shipped to :
DCDC Health Services Private Limited
District Hospital Deoria
District Hospital, Postpartum Chauraha
Deoria-274001

Party Mobile No :
GSTIN / UIN : 07AAFCD0204K1Z1

Party Mobile No : 9506254443
GSTIN / UIN : 07AAFCD0204K1Z1

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	List Price	Discount	Price	Amount
1.	BLUE GARBAGE BAG (BIG)	39232100	5.00	Pcs.	120.00	0.00 %	120.00	600.00
2.	GREEN GARBAGE BAG (BIG)	39239090	5.00	Pcs.	120.00	0.00 %	120.00	600.00
3.	RED GARBAGE BAG (BIG)	39232100	5.00	Pcs.	120.00	0.00 %	120.00	600.00
4.	YELLOW GARBAGE BAG (BIG)	39239090	5.00	Pcs.	120.00	0.00 %	120.00	600.00

Add : CGST @ 9.00 % 216.00
 Add : SGST @ 9.00 % 216.00
 Add : Freight & Forwarding Charges 1,100.00

Grand Total 20.00 Pcs. 3,932.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
39232100	18%	1,200.00	108.00	108.00	216.00
39239090	18%	1,200.00	108.00	108.00	216.00
Total		2,400.00	216.00	216.00	432.00

Stock/No. of Boxes Received 1
 Subject to Physical Check
 Name/Employee Code DCOSSG/K...
 Centre Name Deoria
 Date/Time 28/9/24
 Signature M. No. 790823249

Rupees Three Thousand Nine Hundred Thirty Two Only

Bank Details : HDFC BANK BRANCH : MOTI NAGAR
A/C NO : 50200091740082 IFSC CODE : HDFC0004396

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 :

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

For GENCARE GLOBAL

Authorised Signatory