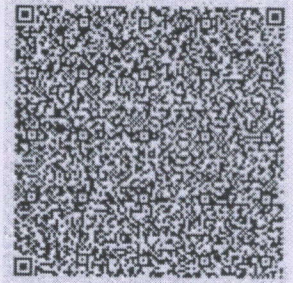


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 277743e1f25b4f4fb26a2126d4f65aef8abab896aaf74ce3-b213677f4143e8f0  
 Ack No. : 182415564883304  
 Ack Date : 21-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	Invoice No.	Dated
	<b>AHPL/2324/483</b>	<b>21-Feb-24</b>
<b>DCDC Health Service Pvt. Ltd.</b> District Hospital Raebareli, Ranabeni Madhav Singh Jila Chikitsalay near Bus Stop, 229001, Contact No : 8506006174 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09	Delivery Note	Mode/Terms of Payment
		<b>30 DAYS</b>
Consignee (Ship to) <b>DCDC Health Service Pvt. Ltd.</b> District Hospital Raebareli, Ranabeni Madhav Singh Jila Chikitsalay near Bus Stop, 229001, Contact No : 8506006174 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09	Reference No. & Date.	Other References
Buyer (Bill to) <b>DCDC Health Service Pvt. Ltd.</b> C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Buyer's Order No.	Dated
	<b>43-022024-25069 25447</b>	<b>7-Feb-24</b>
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	<b>SAFEXPRESS</b>	<b>Raebareli</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 CITRATE 10 LTR K + FREE(PARTA+PARTB-1:2)</b> Batch : DC2324360 Expiry : 31-Dec-25	30049032	20 Pcs 20 Pcs	169.00	Pcs		3,380.00
	<b>Igst Output Round Off</b>						405.60 0.40
	<b>Total</b>		<b>20 Pcs</b>				<b>₹ 3,786.00</b>

Stock/No. of Boxes Received ..... 2 (Box)  
 Subject to Physical Check .....  
 Name/Employee Code ..... DCO2031  
 Centre Name ..... DHRB1  
 Date/Time ..... 8/3/24 - 11/24  
 Signature ..... [Signature]

Amount Chargeable (in words) **Indian Rupees Three Thousand Seven Hundred Eighty Six Only** E. & O.E

Declaration  
 DL No: WB/KOL/NBO/W/320645 & WB/KOL/BO/W/320645  
 MSME UAM No. WB10D0023343  
 Interest @24% PA will be charged after credit period  
 Goods once sold will not be taken back or exchanged

Company's Bank Details  
 A/c Holder's Name : ARIVATION HEALTHCARE PRIVATE LIMITED  
 Bank Name : Union Bank of India  
 A/c No. : 015225010000001  
 Branch & IFS Code : Dharmatolla Branch & UBIN0530131  
 SWIFT Code : UBININBBOCL

for ARIVATION HEALTHCARE PRIVATE LIMITED  
  
 [Signature] Authorized Signatory