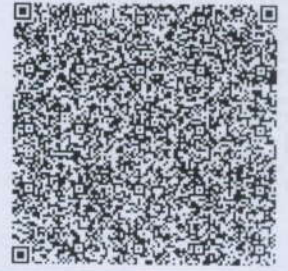


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 1c13f9db1862239b42524c3922afefc0271961311a589e71-15ec152ab089a842
 Ack No. : 182415726241625
 Ack Date : 12-Mar-24

ARIVATION HEALTHCARE PRIVATE LIMITED 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) DCDC Health Service Pvt. Ltd. District Hospital Deoria; postpartum chauraha Deoria, UTTAR PRADESH-274001; Contact No : 9506254443 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 Buyer (Bill to) DCDC Health Service Pvt. Ltd. C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Invoice No.	e-Way Bill No.	Dated
	AHPL/2324/572	801394174566	12-Mar-24
	Delivery Note	Mode/Terms of Payment	
			30 DAYS
	Reference No. & Date.	Other References	
	Buyer's Order No.	Dated	
	76-032024-25630	11-Mar-24	
	Dispatch Doc No.	Delivery Note Date	
	Dispatched through	Destination	
	DELHIVERY	Deoria	
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	DIALYZER 1.6 OCI HD16L Batch : 230936 Expiry : 15-Sep-26	90189031	192 Pcs 192 Pcs	290.00	Pcs		55,680.00
	Igst Output						2,784.00
Total			192 Pcs				₹ 58,464.00

Amount Chargeable (in words) **Indian Rupees Fifty Eight Thousand Four Hundred Sixty Four Only** E. & O.E

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

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

for ARIVATION HEALTHCARE PRIVATE LIMITED

 Authorised Signatory

Stock/No. of Boxes Received 8
 Subject to Physical Check
 Name/Employee Code K. N. Banerjee/PC00531
 Centre Name Deoria
 Date/Time 16/3/24
 Signature M. No. 7905232496

SUBJECT TO KOLKATA JURISDICTION
 This is a Computer Generated Invoice

