

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

Gautam Healthcare Private Limited
 248, First Floor, Cycle Mkt,
 Jhandewalan Extension,
 New Delhi-110 055
 9811116228
 AAECG9710C
 DL Number-DL-MTM-145471 DT 22.06.2021
 GSTIN/UIN: 07AAECG9710C1ZV
 State Name : Delhi, Code : 07
 CIN: U85100DL2011PTC227049
 E-Mail : vivek@gautamhealthcare.com

Invoice No.	e-Way Bill No.	Dated
GST/2324/1077	771391729402	21-Dec-23
Delivery Note	Mode/Terms of Payment	
	30 Days	
Reference No. & Date.	Other References	
Buyer's Order No.	Dated	
76-122023-24500	7-Dec-23	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	
Terms of Delivery		

DCDC Health Services Private Limited
 District Hospital Deoria
 District hospital , postpartum chauraha Deoria, 274001
 Contact No : 9506254443
 State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)
DCDC Health Services Private Limited
 C-185, Maypuri Industrial Area
 Phase-II
 Mayapuri
 New Delhi-110064
 State Name : Delhi, Code : 07

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Hollow Fibre Dialyser B1.4P Batch : 2303102382 Expiry : 31-May-24	90189031	192 pcs 192 pcs	307.00	pcs	58,944.00
						1,473.60
						1,473.60
						(-).020
						CGST
						SGST
						Round Off
						Less :
						Total
			192 pcs			61,891.00 ₹

Stocking of Boxes Received 8
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
 M. No. 7905232496

Amount Chargeable (in words) **Sixty One Thousand Eight Hundred Ninety One INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	58,944.00	2.50%	1,473.60	2.50%	1,473.60	2,947.20
Total	58,944.00		1,473.60		1,473.60	2,947.20

Tax Amount (in words) : **Two Thousand Nine Hundred Forty Seven INR and Twenty Only**

Company's Bank Details
 A/c Holder's Name : **Gautam Healthcare Private Limited**
 Bank Name : **Axis Bank Limited**
 A/c No. : **917020076226068**
 Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**

Company's PAN : **AAECG9710C**

Declaration
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for **Gautam Healthcare Private Limited**
 New Delhi
 Authorised Signatory