

NEL



Original

TAX INVOICE
Gupta Medical Device

KHASHRA NO 106/1, GROUND FLOOR, POOTH KALA VILLAGE NEAR 12
NOB TRANSFERMAR DELHI 110086

PAN : AWNPS2841N

GSTIN : 07AWNPS2841NLZT

Tel. : 8470009615, 9810371170 email : gmdevice@yahoo.com

Drug Licence No. : RMD/DCD/23/ZO-5170/2023

Invoice No. : GMD/0535/23-24
Dated : 24-12-2023
Place of Supply : Uttar Pradesh (09)
Reverse Charge : N
Buyer Order No : 76-122023-24500
Order Date : 07-12-2023

Supplier Ref. :
Other Ref. :
Delivery Note :
Mode/terms of P :
Despatch Throug :
Destination : Uttar Pradesh

Billed to :
DCDC HEALTH SERVICE PVT
C-185, MAYAPURI INDUSTRIAL AREA PHASE 2
DELHI 11007

Shipped to :
DCDC HEALTH SERVICE PVT
District Hospital Deoria, Postpartum
Chauraha Deoria-274001

Party PAN : AAFC00204K
GSTIN / UIN : 07AAFC00204K1Z1
D.L. No. :

Party PAN : AAFC00204K
GSTIN / UIN : 07AAFC00204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	Price	CGST Rate	CGST Amount	SGST Rate	SGST Amount	Amount(₹)
1.	SODIUM HYPOCHLORIDE 10% JAR	28289011	5.00	JAR	180.00	9.00 %	81.00	9.00 %	81.00	1,062.00
<i>Add : CARTAGE</i>										1,062.00 1,134.00
Grand Total 5.00 JAR										₹ 2,196.00

Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
18%	900.00	81.00	81.00	162.00

Rupees Two Thousand One Hundred Ninety Six Only

Declaration

Section -9

BANK NAME : PUNJAN NATIONAL BANK, BRANCH : SANT NAGAR BURARI
A/C NO : 17294015001319 IFSC CODE : PUNB0172910

Bank Details : BANK DETAILS : GUPTA MEDICAL DEVICE BANK NAME & BRANCH : PNB
ACCOUNT NO : 1710005502127812 IFSC CODE : PUNB0171000

Terms & Conditions

E.&O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Gupta Medical Device

Authorised Signatory

Stock/No. of Boxes Received 1
Subject to Physical Check
Name/Employee Code K.N. Sachy
Centre Name Delhi
Date/Time 24/12/2024
Signature [Signature] M. No. 7908239 496