

GSTIN : 07BCLPJ0532N1ZG

Mob.: 9873672990

SHRI GANESH ENTERPRISES

146 F/F, GALI NO. 14, WEST AZAD NAGAR, EAST DELHI-110051

TAX INVOICE

White : Original For Receipt
Pink : Duplicate For Transporter
Yellow : Triplicate For Supplier

Reverse Charges : Yes / No

Transportation Name

GR No. Date

Invoice No. : JMDE/ **285**
Vehicle No. **9506254443**

Invoice Date : **19.06.23**
Date of Supply

State : Delhi State Code 07 Place of Supply

Details of Buyer | Billed to :

Name : **DC DC Health Service Pvt Ltd**
Address : **C-185, Mayapuri Industrial Area Phase - 2**
GSTIN : **07AAFCD0204K121**
State : **New Delhi** Code **110064**

Details of Consignee | Shipped to :

Name : **District Hospital Deoria**
Address : **District Hospital, Postpatan Chauwaha Deoria**
GSTIN : Code **27400**

Sr. No.	DESCRIPTION OF GOODS	HSN CODE (GST)	Qty.	Rate	Disc. %	Amount
	Blue Garban Bid	3923	5	94		470
	Green Garban Bid	3923	10	94		940
	Green Garban Small	3923	15	94		1410
	Red Garban Bid	3923	5	94		470
	Red Garban Small	3923	5	94		470
	Yellow Garban Bid	3923	5	94		470
	Yellow Garban Small	3923	5	94		470

Total Invoice Value (in Words) **5546**

Freight / Packing & Forwarding

Sub. Total **4700**

Add. : CGST @%

Add. : SGST @%

Add. : IGST @ **18** % **846**

Invoice Value **5546**

Electronic Reference Number :

Date :

Stock/No. of Boxes Received
Subject to Physical Check
Name/Employee Cr. E. & O. B.
Centre Name
Date/Time
Signature

28/6/23
Deoria
28/6/23
28/6/23


M. No. **7908252476**

• Terms & Condition : •

1. Goods once sold will not be taken back
2. All disputes are subject to delhi jurisdiction.
3. 24% Interest per annum will be charged if not paid on 45 days.

Certified that the particulars given above true and correct

For **SHRI GANESH ENTERPRISE**



Authorised Signatory

Common Seal