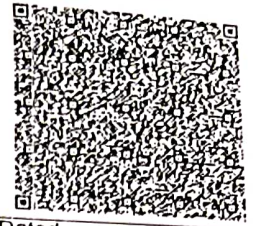


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 42115da9d7f0125b0867766649d29a0db900c0-7285d7c53f2ee5e65906acf4a9  
 Ack No. : 182315036168208  
 Ack Date : 11-Dec-23

**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  
 www.arivation.com

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 Ruby General Hospital Ltd Kasba Golpark,  
 EM Bypass Kolkata, 700107; MOB 8506005556  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : West Bengal, Code : 19

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. <b>AHPL/2324/373</b>	Dated <b>11-Dec-23</b>
Delivery Note	Mode/Terms of Payment <b>30 DAYS</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>39-122023-24548-3</b>	Dated <b>8-Dec-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through <b>HAND DELIVERY</b>	Destination <b>KOLKATA</b>
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount	
1	<b>Cartridge Filter 20" Jumbo Wound</b> BIG BLUE FILTER 20"x4.0"	84219900	<b>10 Pcs</b>	300.00	Pcs		<b>3,000.00</b>	
	<b>Igst Output</b>						<b>540.00</b>	
<b>Total</b>							<b>10 Pcs</b>	<b>3,540.00</b>

Stock/No. of Boxes Received 01 BOX  
 Subject to Physical Check  
 Name/Employee Code QASIMAN (DCDCST3)  
 Centre Name RUBY GENERAL HOSPITAL  
 Date/Time 12/12/2023  
 Signature [Signature] M. No. ....

Amount Chargeable (in words)

**Indian Rupees Three Thousand Five Hundred Forty Only**

Taxable Value	IGST		Total Tax Amount
	Rate	Amount	
3,000.00	18%	540.00	540.00
<b>Total:</b>		<b>540.00</b>	<b>540.00</b>

Tax Amount (in words) : **Indian Rupees Five Hundred Forty Only**

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 & UBIN0901521**  
 SWIFT Code : **UBININBB0CL**

Customer's Seal and Signature

for ARIVATION HEALTHCARE PRIVATE LIMITED



[Signature]  
 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION

PROFORMA INVOICE