

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

**LIFE CARE SURGIMED**  
 1933/21, MOHAN BAZAAR,  
 BH. PALACE, DELHI-110006  
 DL NO.20B:-145438, 21B:-145439  
 NO:-011-46015612, 49951030, +91-9810014275  
 Corp. Off:-PLOT NO.45, MOHIT NAGAR, SEC-14,  
 DWARKA, NEW DELHI-110078  
 DL NO:-RMD/DCD/23/5239/ZO-/2262  
 GSTIN/UIIN: 07AABPN9736D1ZO  
 State Name : Delhi, Code : 07  
 E-Mail : lifecaresurgimed@hotmail.com

Consignee (Ship to)  
**DCDC HEALTH SERVICES PVT. LTD.**  
 RUBY GENERAL HOSPITAL, RUBY  
 GENERAL HOSPITAL LTD KASBA  
 GOLPARK EM, BYPASS KOLKATA 700107, PH NO:8506005556  
 State Name : Delhi, Code : 07

Buyer (Bill to)  
**DCDC HEALTH SERVICES PVT. LTD.**  
 C-185 – First Floor, Mayapuri Industrial Area  
 Phase II, Mayapuri, New Delhi, -110064, PH:-  
 8506056008, 011-45581006  
 State Name : Delhi, Code : 07

Invoice No. <b>LCS/23-24/3992</b>	Dated <b>15-Jan-24</b>
Delivery Note	Mode/Terms of Payment <b>100% Adv</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>39-012024-24829</b>	Dated <b>5-Jan-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>MAYAPURI</b>
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	GST Rate	Part No.	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
1	<b>DIALYSER F60 S (5007161)</b> Batch : E1BF13100 Expiry: 31-May-26	90189031	5 %	5007161	3,092.00/NOS.	<b>12 NOS.</b> 12 NOS.	1,000.00	NOS.		<b>12,000.00</b>
	<b>OUTPUT SGST @ 2.5%</b>						2.50	%		<b>300.00</b>
	<b>OUTPUT CGST @ 2.5%</b>						2.50	%		<b>300.00</b>
<b>Total</b>						<b>12 NOS.</b>				<b>Rs 12,600.00</b>

Amount Chargeable (in words) **Indian Rupees Twelve Thousand Six Hundred Only** E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	12,000.00	2.50%	300.00	2.50%	300.00	600.00
<b>Total</b>	<b>12,000.00</b>		<b>300.00</b>		<b>300.00</b>	<b>600.00</b>

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

Company's PAN : **AABPN9736D**

**Company's Bank Details**  
 A/c Holder's Name : **LIFE CARE SURGIMED**  
 Bank Name : **HDFC BANK- 50200020740770**  
 A/c No. : **50200020740770**  
 Branch & IFS Code : **JANAK PURI & HDFC0004878**  
 SWIFT Code :

**Declaration**  
 We declare that this invoice shows the actual price of the goods and that all particulars are true and correct. Goods once sold will not be exchanged or taken back. Goods rendered does not carry any guarantee. Interest@24% will be charged if the bill is not paid within 7days. No duplicate invoice will be issued without undertaking Cum indemnity

for LIFE CARE SURGIMED  
 Authorised Signatory

*Handwritten Signature*