

TAX INVOICE

INDIA BIO-MEDICAL PRIVATE LIMITED
Regd. Office: 146, M.G. Road, Kolkata-700007
Head Office: 740 & 741, Lake Town Block-A, Kolkata-89
FACTORY: 1, No. Ramkrishana Soorki Mill
Vill: Pailan P.S Bishnupur, D.H.Road, 24 PGN 700104
Ph: Office: 033 40630559 / 25349388
GSTIN/UIN: 19AAACI7241L1ZB
State Name : West Bengal, Code : 19
CIN: .-.+
E-Mail : order@indiabiomedical.com

Table with invoice details: Invoice No. IBM/2739/23-24, Dated 19-Jan-24, Delivery Note, Reference No. & Date, Buyer's Order No., Dispatch Doc No., Dispatched through, Terms of Delivery.

DCDC HEALTHCARE SERVICES PVT LTD
C/O - RUBY GENERAL HOSPITAL
576, Anandapur Main Rd.
Golpark, Sector I, Kasba.
Kolkata, West Bengal 700107
State Name : West Bengal, Code : 19

DCDC HEALTHCARE SERVICES PVT LTD
C/O - RUBY GENERAL HOSPITAL
576, Anandapur Main Rd.
Golpark, Sector I, Kasba.
Kolkata, West Bengal 700107
State Name : West Bengal, Code : 19

Main invoice table with columns: SI No., Description of Goods and Services, HSN/SAC, MRP/Marginal, Quantity, Rate, per, Disc. %, Amount. Includes items like NORMAL SALAINE 1000ML-PDPL and Lox 10% Spray.

Handwritten notes: 500 mL NS total received in bottles = 226 PCS, 1000 mL NS total received in bottles = 66 PCS.

Stock/No. of Boxes Received 202 bottles total
Subject to Physical Check
Name/Employee Code GAJANAN (DCOSTS)
Centre Name Ruby General Hospital
Date/Time 15/01/24
Signature Gayatri M. No.

Amount Chargeable (in words) Twelve Thousand Sixty Eight INR Only
Total 12,068.00 Rs. E. & O.E

Summary table with columns: HSN/SAC, Taxable Value, CGST Rate/Amount, SGST/UTGST Rate/Amount, Total Tax Amount.

Tax Amount (in words) : One Thousand Three Hundred Nineteen INR and Eighty Two paise Only

Company's PAN : AAACI7241L
Declaration (DL.No.WB/KOL/NBO/W/675223 WB/KOL/BIO/W/675223)

- 1. We declare that this invoice shows the actual price of the goods described & that all particulars are true.
2. Interest will be charge @ 24% PA after 30 days.
3. The entire responsibility for any breakage & shortage in transit lie with the buyer.
4. Goods once sold shall not be accepted back
Subject to Physical Check

for INDIA BIO-MEDICAL PRIVATE LIMITED
Authorised Signatory
Circular stamp: INDIA BIO MEDICAL PRIVATE LIMITED

Name/Employee Code
Centre Name
Date/Time
Signature M. No.

This is a Computer Generated Invoice

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

INDIA BIO-MEDICAL PRIVATE LIMITED

Regd. Office: 116, M.G. Road, Kolkata-700007
 Her: J Office: 740 & 741, Lake Town Block-A, Kolkata-89
 FACTORY: 1, No. Ramkrishana Soorki Mill
 VIII: Pailan P. S Bishnupur, D.H. Road, 24 PGN 700104
 Ph: Office: 033 40630559 / 25349388
 GSTIN/UIN: 19AAACI7241L1ZB
 State Name : West Bengal, Code : 19
 CIN: .-+.
 E-Mail : order@indiabiomedical.com

Invoice No. IBM/2739/23-24	Dated 19-Jan-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No.	Dated
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

DCDC HEALTHCARE SERVICES PVT LTD

C/O - RUBY GENERAL HOSPITAL
 576, Anandapur Main Rd.
 Golpark, Sector I, Kasba.
 Kolkata, West Bengal 700107
 State Name : West Bengal, Code : 19

DCDC HEALTHCARE SERVICES PVT LTD

C/O - RUBY GENERAL HOSPITAL
 576, Anandapur Main Rd.
 Golpark, Sector I, Kasba.
 Kolkata, West Bengal 700107
 State Name : West Bengal, Code : 19

SI No.	Description of Goods and Services	HSN/SAC	MRP/Marginal	Quantity	Rate	per	Disc. %	Amount
1	NORMAL SALAINE 1000ML-PDPL Batch : M3031703 Expiry: 31-Oct-25	300490	65.25/PCS.	66 PCS. 66 PCS.	28.50	PCS.		1,881.00
2	NORMAL SALAINE -500 ML Batch : N3031747 Expiry: 31-Oct-25	300490	34.80/BOTTLE	101 BOTTLE 101 BOTTLE	17.50	BOTTLE		1,767.50
3	Lox 10% Spray Batch : KPNP483110 Expiry: 31-Mar-25	3003	522.00/PCS.	12 PCS. 12 PCS.	550.00	PCS.		6,600.00
								10,248.50
FREIGHT CHARGES ON SALE @ 18% CGST SGST ROUND OFF:		9965						500.00
Less :								659.91
500 mL NS total received in bottles = 226 PCS								659.91
1000 mL NS total received in bottles = 66 PCS								(-).0.32
Stock/No. of Boxes Received 292 bottles total								
Subject to Physical Check								
Name/Employee Code								
Centre Name Ruby General Hospital								
Date/Time 19/01/24								
Signature M. No.								
Total								12,068.00 Rs.
								E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
300490	3,648.50	6%	218.91	6%	218.91	437.82
3003	6,600.00	6%	396.00	6%	396.00	792.00
9965	500.00	9%	45.00	9%	45.00	90.00
Total	10,748.50		659.91		659.91	1,319.82

Tax Amount (in words) : **One Thousand Three Hundred Nineteen INR and Eighty Two paise Only**
 Company's PAN : AAACI7241L

Declaration
 (DL.No. WB/KOL/NBO/W/675223 WB/KOL/BIOW/675223)
 (MANUFACTURING LICENCE- DL. No. 1611M)
 1. We declare that this invoice shows the actual price of the goods described & that all particulars are true.
 2. Interest will be charge @ 24% PA after 30 days.
 3. The entire responsibility for any breakage & shortage in transit lie with the buyer.
 4. Goods once sold shall not be accepted back

for INDIA BIO-MEDICAL PRIVATE LIMITED

 Authorised Signatory

DL.No. : 9572SW
DL.No. : 9396SBW
GSTIN : 19AAACI7241L1ZB



Office : 40630559



CHALLAN

INDIA BIO-MEDICAL PRIVATE LIMITED

HEAD OFFICE : 740 & 741, LAKE TOWN, BLOCK-A, KOLKATA - 700 089,

Sold to : DODU HEALTH CARE

Challan No. : 195 Date : 19/1/24
No. of Cases & Cartons : 19/1/24
Party GSTIN :
Transporter :

Ref. Your Order No. _____ Date _____

Please receive the following goods through _____ in
good condition and return the duplicate, duly with rubber Stamp.

Sl.No.	DESCRIPTION	Batch No. & MFG Exp. Dt.	Quantity	Rate Per	Amount Rs. P.
1	NS. (1000ml) 1000ml NS total received in bottles = 66 Pcs		60 Pcs (5 Cartons)		

Receiver's Signature with the Rubber Stamp.

For INDIA BIO-MEDICAL PRIVATE LTD.

Stock/No. of Boxes Received 66 bottles
Subject to Physical Check
Name/Employee Code GATANAM (D20015)
Centre Name RUBY General Hospital
Date/Time 19/01/24
Signature Gatanam M. No.

DL.No. : 9572SW
DL.No. : 9396SBW
GSTIN : 19AAACI7241L1ZB



Office : 40630559



CHALLAN

INDIA BIO-MEDICAL PRIVATE LIMITED

HEAD OFFICE : 740 & 741, LAKE TOWN, BLOCK-A, KOLKATA - 700 089,

Sold to :

DIDL HEALTH CARE

Challan No. **195** Date **19/1/24**
No. of Cases & Cartons **19/1/24**
Party GSTIN.....
Transporter.....

Ref. Your Order No. _____ Date _____

Please receive the following goods through _____ in
good condition and return the duplicate, duly with rubber Stamp.

Sl.No.	DESCRIPTION	Batch No. & MFG Exp. Dt.	Quantity	Rate Per	Amount Rs. P.
1.	NS. (1000ml) 1000ml NS total received in bottles = 66 Pcs. Stock/No. of Boxes Received 66 Pcs Subject to Physical Check Name/Employee Code CAJANAN (DC00515) Centre Name RUBY General Hospital Date/Time 19/01/24 Signature [Signature] M. No.....		60 Pcs (56.10ml)		

Receiver's Signature with the Rubber Stamp.

For INDIA BIO-MEDICAL PRIVATE LTD.

Stock/No. of Boxes Received **66 Pcs**
Subject to Physical Check
Name/Employee Code **CAJANAN (DC00515)**
Centre Name **RUBY General Hospital**
Date/Time **19/01/24**
Signature **[Signature]** M. No.....

[Signature]