

Tax Invoice

Printed on 13-Feb-24 at 18:31
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a-invoice

IRN : d0b36dd26f83d00842c227c703a62f92ad6e8.
205018687f8b01b28cd9483f0a6
Ack No. : 112419210011403
Ack Date : 13-Feb-24



SAP MEDICALS PVT. LTD. (2023-2024)
B-4-88/194, Salarjung Colony
Tolichowki
Hyderabad - 500008
GSTIN/UIN: 36AAMCS4547H1ZZ
State Name : Telangana, Code : 36
CIN: U24234AP2008PTG061380
E-Mail : sapmedicals@yahoo.com

Consignee (Ship to)
DCDC Kidney Care
DCDC Health Services Pvt.Ltd.
DH Gadag
Gadag District Hospital, Dialysis Unit,
Room No.129/130, Mallasamudra Village-562103
Contact No.9966980020
GSTIN/UIN : 07AAFCD0204K1Z1
State Name : Delhi, Code : 07

Buyer (Bill to)
DCDC Kidney Care
DCDC Health Services Pvt.Ltd.
C-185, Mayapuri Industrial Area,
Phase - II, Mayapuri -110064
New Delhi
GSTIN/UIN : 07AAFCD0204K1Z1
State Name : Delhi, Code : 07

Invoice No. **SAP/3110/2023-24**
Delivery Note
Reference No. & Date
Buyer's Order No. **168-012024-24998**
Dispatch Doc No.
Dispatched through
Terms of Delivery
Dated **13-Feb-24**
Mode/Terms of Payment **90 Days**
Other References
Dated **24-Jan-24**
Delivery Note Date
Destination **Gadag**

SI No.	Description of Goods and Services	HSN/SAC	Mfg By	Batch No.	Mfg Date	Expiry Date	Quantity	Rate	Disc. %	Amount
1	Oasis Dry Citrate Dialysate Part - A 50 Ltrs Mix	30049032	Oasis	2401A001	1-Jan-24	31-Jan-26	100 Pkts	800.00		80,000.00
2	Oasis Dry Citrate Dialysate Part B - 50 Ltrs Mix	62103090	Oasis	2401B001	1-Jan-24	31-Jan-26	200 Pkts			
	Freight Outward IGST	996511								80,000.00
	Total						300 Pkts			11,800.00 11,724.00

Amount Chargeable (in words) **INR One Lakh Three Thousand Five Hundred Twenty Four Only**
E. & O.E

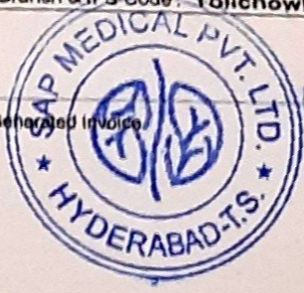
Taxable Value	Rate	IGST Amount	Total Tax Amount
80,000.00	12%	9,600.00	9,600.00
11,800.00	18%	2,124.00	2,124.00
Total: 91,800.00		11,724.00	11,724.00

Tax Amount (in words) : **INR Eleven Thousand Seven Hundred Twenty Four Only**

Company's PAN : **AAMCS4547H**
Declaration
(1) DL No.536/HD1/AP/2009.
(2) We here certify that the goods supplied against this invoice do not contravene section (18) of Drug, Act 1940.
(3) Subject to Hyderabad Jurisdiction only.
(4) Interest @24% PA will be charged after credit period.
(5) Receive the above mentioned materials in good order & Condition (6) Good once sold will not be taken back or exchanged.

Company's Bank Details
Bank Name : **ICICI Bank (112405500156)**
A/c No. : **112405500156**
Branch & IFS Code : **Tolichowki & ICIC0001124**
for SAP MEDICALS PVT. LTD. (2023-2024)

Customer's Seal and Signature _____
Authorized Signatory



Stock/No. of Boxes Received **100 boxes**
Subject to Physical Check
Name/Employee Code **Umaarsadig.V-J**
Centre Name **Gadag Unit**
Date/Time **15/02/2024 / 11-00pm**
Signature **Uma Lakshmi** M. No. **9528928326**

This is a Computer Generated Invoice