

7631

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

Invoice No. : JMDE/ 303

Invoice Date : 19.06.23

State : Delhi

State Code : 07

Transportation Name

GR No. PH No- 8506000461 Date

Vehicle No.

Date of Supply

Place of Supply

### Details of Buyer / Billed to :

Name : DCDC Health service Pvt Ltd.  
Address : C-185 Mayapuri industrial Area phase-2  
GSTIN : 07AAFCD020UKI21  
State : NEW Delhi Code 110064

### Details of Consignee / Shipped to :

Name : CIVIL HOSPITAL REWARI  
Address : CIVIL HOSPITAL REWARI, KAYASTHWAR  
: Mohalla, Rewari  
GSTIN :  
State : Haryana Code 133401

Sr. No.	DESCRIPTION OF GOODS	HSN CODE (GST)	Qty.	Rate	Disc. %	Amount
	Blue garbage Big	3923	10	94		940
	Blue garbage Small	3923	10	94		940
	Green garbage Big	3923	20	94		1880
	Green garbage Small	3923	20	94		1880
	Red garbage Big	3923	10	94		940
	Red garbage Small	3923	10	94		940
	yellow Garbage Big	3923	10	94		940
	yellow Garbage Small	3923	10	94		940

Total Invoice Value (in Words) 11,092

Freight / Packing & Forwarding

Sub. Total

9400

Add. : CGST @ .....%

Add. : SGST @ .....%

Add. : IGST @ 1.8.....%

1692

Invoice Value

11,092

Electronic Reference Number :

Date :

E. & O. E.

• 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.



Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature .....  
 Common Seal

Certified that the particulars given above true and correct

SHRI GANESH ENTERPRISES

Tulsi Jena  
850600461  
Authorised Signatory