

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

**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-12262  
GSTIN/UIN: 07AABPN9736D1Z0  
State Name : Delhi, Code : 07  
E-Mail : life caresurgimed@hotmail.com

Consignee (Ship to)

**DCDC HEALTH SERVICES PVT. LTD.**

Tarak Hospital  
C-7 Jai Bharat Enclave Dwarka More New Delhi  
Najafgarh Rd Block C Dwarka, 110059  
Contact No : 8929037740  
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.	Dated
<b>LCS/23-24/2422</b>	<b>28-Sep-23</b>
Delivery Note	Mode/Terms of Payment
	<b>100% ADV</b>
Reference No. & Date.	Other References
Buyer's Order No.	Dated
<b>12-092023-23641-7</b>	<b>27-Sep-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
	<b>TARAK HOSPITAL</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 FX5 (5004831)</b> Batch: D4FA03100 Expiry: 31-Dec-24 MRP:-1027/-  <b>OUTPUT SGST @ 2.5%</b> <b>OUTPUT CGST @ 2.5%</b>	90189031	5 %	5004831	1,027.00/NOS.	20 NOS.	490.00	NOS.		<b>9,800.00</b>
							2.50 %			<b>245.00</b>
							2.50 %			<b>245.00</b>
<b>Total</b>						<b>20 NOS.</b>				<b>Rs 10,290.00</b>

Stock/No. of Boxes Received ..... 1 Box  
Subject to Physical Check .....  
Name/Employee Code .....  
Centre Name .....  
Date/Time .....  
Signature .....  
M. No. ....

Amount Chargeable (in words)

**Indian Rupees Ten Thousand Two Hundred Ninety Only**

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	9,800.00	2.50%	245.00	2.50%	245.00	490.00
<b>Total</b>	<b>9,800.00</b>		<b>245.00</b>		<b>245.00</b>	<b>490.00</b>

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

Company's PAN : **AABPN9736D**

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

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 :

for LIFE CARE SURGIMED

Authorised Signatory