

TAX INVOICE

Invoice No <b>LC9/24-26/1662</b>	Dated <b>6-Jul-24</b>
Delivery Note	Mode/Terms of Payment <b>100% Adv</b>
Reference No & Date	Other References
Buyer's Order No <b>12-072024-26667</b>	Dated <b>4-Jul-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>Dwarka Mor</b>
Terms of Delivery	

**LIFE CARE SURGIMED**  
 1933/21, MOHAN BAZAAR,  
 BH PALACE, DELHI-110006  
 DL NO 2013-148436, 21B-148436  
 NO-011-8010612, 40001030, 01-0810014275  
 COOP. OF FLOT NO 48, MOHIT NAGAR, DRO-14,  
 DWARKA NEW DELHI 110078  
 DL NO. HM17/13/2019/274/2202  
 GST IN CHG. 07AABPN9736D120  
 State Name : Delhi, Code : 07  
 E-Mail : lifecaresurgimed@16161mail.com  
 Consignee (Ship to)

**DCDC HEALTH SERVICES PVT. LTD.**  
 Tarak Hospital, C-7 Jai Bharat Enclave  
 Dwarka More, Najafgarh Rd (Block C Dwarka, Ph 0020037740  
 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:- 8500056008, 011-46581008  
 State Name : Delhi, Code : 07

SI No	Description of Goods	HSN/SAC	GST Rate	Part No.	MKP/ Marginal	Quantity	Rate	per	Disc %	Amount
1	<b>DIALYSER FX5 (5004831)</b> Batch D4FD26100 Expiry: 31-Mar-25	00100031	5 %	0004831	1.027000105	20 NOS. 20 NOS.	520.00	100%		10,400.00
	<b>OUTPUT SGST @ 2.5%</b>						2.50 %			260.00
	<b>OUTPUT CGST @ 2.5%</b>						2.50 %			260.00
<b>Total</b>						20 NOS.				Rs 10,920.00 E. & O.E

Stock/No. of Boxes Received ..... 1 Box  
 Subject to Physical Check .....  
 Name/Employee Code ..... Rajaseemika  
 Centre Name ..... Tarak Hospital  
 Date/Time ..... 6.11.2024  
 Signature ..... S. 25.2024  
892903740

Amount Chargeable (in words)  
**Indian Rupees Ten Thousand Nine Hundred Twenty Only**

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
90189031	10,400.00	2.50%	260.00	2.50%	260.00	520.00
<b>Total</b>	<b>10,400.00</b>		<b>260.00</b>		<b>260.00</b>	<b>520.00</b>

Tax Amount (in words) : **Indian Rupees Five Hundred Twenty 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 carry any guarantee. Interest @ 24% will be charged if the bill is not paid within 7 days. No duplicate invoice will be issued without undertaking Cum Indemnity.

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 & HDFC00048718**  
 SWIFT Code :  
 Authorised Signatory



SUBJECT TO DELHI JURISDICTION  
 This is a Computer Generated Invoice