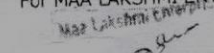


GSTINVOICE

Original for Buyer

MAALAKSHMI ENTERPRISES NAIMUHALLA DALTONGANJ, PALAMU JHARKHAND-822101 Phone: 9304363639 E-Mail: maalakshmi.contracts@gmail.com GSTIN: 20CFZPS6165N1ZHD.LNO.JH-PAL-132518/19		Invoice No. : M-349	Date: 14-10-2024		
		Delivery Delivered	Terms Of Payment CREDIT		
		Suppliers Ref.	Other Reference(s)		
		Buyer Order No 131-102024-27875	Dated 04-10-2024		
Bill To:- DCDCHEALTHSERVICEPVT.LTD. C-185 MAYAPURI INDUSTRIAL AREA PHASE-2 MAYAPUR NEW DELHI-110064 State: 07 CINNO.-U85190DL2014PTC265804 Phone No.:		Dispatch Document No	Dated 14-10-2024		
		Dispatch through	Destination Kharsia,		
		Shipping Address-DCDC Health Service Pvt. Ltd. Civil Hospital Kharsia, Hospital Road, Kharsia, Dist.: Raigarh, 496661 Contact No : 9131223556			
GSTIN: 07AAFCD0204K1Z1					
		Quantity	Rate	Dis%	Amount
Description of Goods					
1.	N.S. 1000 ML	180 PCS	32.00	0.00	5760.00
2.	N.S. 500 ML	300 PCS	20.00	0.00	6000.00
3.	DEXTROSE 25%	100 PCS	14.00	0.00	1400.00
4.	N.S. 100 ML	100 PCS	14.00	0.00	1400.00
SUBTOTAL					14560.00
IGST 12%					1747.20
SHIPPING CHARGE					1450.00
Roundoff					-00.20
TOTAL		680 No			17757.00
(IGST 14560*12%=1747.20 IGST,CESS:0%=0)					
Amount Chargeable (in words) Rs. Seventeen Thousand Seven Hundred And Fifteen Seven Only					
Terms & Conditions Goods once sold will not be taken back or exchanged. Bills not paid due date will attract 24% interest. All disputes subject to DALONGANJ Jurisdiction only. Prescribed Sales Tax declaration will be given.					
BANK DETAILS:- BANKNAME:-UCOBANK,BRANCH:-DALTONGANJ A/CNO.23540510002773,IFSC:UCBA0002354					
		For MAA LAKSHMI ENTERPRISES  Authorised Signatory			

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code **DE03298**
 Centre Name **Civil HSP Kharsia C.C.**
 Date/Time **16/10/24 1:30 P.M.**
 Signature **[Signature]** M. No. **8307928212**