

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

FORM

Gautam Health

248, F...

Jh...

N...

96...

AA...

DL...

GS...

E-Mail : vivek@gautamhealthcare.com



MTM-145471 DT 22.06.2021

GSTIN: 07AAECG9710C1ZV

State Name : Delhi, Code : 07

CIN: U85100DL2011PTC227049

E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)

**DCDC Health Services Private Limited**

TH Hangal

HANAGAL TALUKA GOVT HOSPITAL

Dialysis unit-581104

Contact No : 9113647411

State Name : Karnataka, Code : 29

Buyer (Bill to)

**DCDC Health Services Private Limited**

C-185, Maypuri Industrial Area

Phase-II

Mayapuri

New Delhi-110064

State Name : Delhi, Code : 07

Invoice No.	Dated
<b>GST/24-25/113</b>	<b>10-May-24</b>
Delivery Note	Mode/Terms of Payment
	<b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No.	Dated
<b>158-052024-26069</b>	<b>3-May-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>AVF2516LF01E Vital 16G</b> Batch : 2302150113 Expiry : 21-Jun-26	90183990	<b>500 pcs</b> 500 pcs	11.50	pcs	<b>5,750.00</b>
2	<b>AVF2517LF01E Vital G17</b> Batch : 2402150076 Expiry : 3-Nov-26	90183990	<b>500 pcs</b> 500 pcs	11.50	pcs	<b>5,750.00</b>
						11,500.00
						<b>CGST 690.00</b>
						<b>SGST 690.00</b>
						<b>12,880.00 ₹</b>

Stock/No. of Boxes Received ..... 02  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name ..... J.A. Hangal  
 Date/Time ..... 18/05/2024  
 Signature ..... M. No. ....

Amount Chargeable (in words) **Twelve Thousand Eight Hundred Eighty INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	11,500.00	6%	690.00	6%	690.00	1,380.00
<b>Total</b>	<b>11,500.00</b>		<b>690.00</b>		<b>690.00</b>	<b>1,380.00</b>

Tax Amount (in words) : **One Thousand Three Hundred Eighty INR Only**

Company's PAN : **AAECG9710C**

Company's Bank Details  
 A/c Holder's Name : **Gautam Healthcare Private Limited**  
 Bank Name : **Axis Bank Limited**  
 A/c No. : **917020076226068**  
 Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**  
 for Gautam Healthcare Private Limited

Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signatory