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Partv Name :  
**DCDC HEALTH SERVICE PVT.LTD**  
 GOVERNMENT HOSPITAL  
 DIALYSIS UNIT  
 07-DELHI  
 PHONE : 8867417094

**GST INVOICE**  
**CREDIT**

Order No. 182-092024-27392  
 Order Date 04-09-2024  
 L.R. No. 8  
 Transport

**SIDRAMESHWAR PHARMACEUTICAL DISTRIBUTORS**  
 SECTOR NO.31 PLOT NO.B-2  
 NEAR UDBHAVA GANESH TEMPLE NAVANAGAR  
 BAGALKOT-587103  
 Phone : 9972345615, 8073070496, 9035628063  
 D.L.No. : KA-BT1-20B-131230, 21B-131231  
 GSTIN : 29ADFFS2895H1Z1

GSTIN : 07AAAFCD0204K1Z1

S.	Qty	Mfr	Pack	Product Name	Batch	Exp	HSN	M.R.p	Rate	DTS	IGST	Amount	Net Amount
1.	100	IVES	100ML	NS 100ML IVES	403700	2/26	30049099	22.00	11.50	0.00	12.00	0.00	1150.00
2.	144	IVES	1'S	NS 500ML IVES	408141	7/26	30049099	34.85	22.00	0.00	12.00	0.00	3168.00
3.	100	CLAR	1'S	DEXTROSE 25% 100ML	1242686	3/26	30045020	22.47	14.00	0.00	12.00	0.00	1400.00



Stock/No. of Boxes Received ..... 08  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature .....

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	5718.00	0.00	0.00	686.16	686.16	686.16	686.16
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>5718.00</b>	<b>0.00</b>	<b>0.00</b>	<b>686.16</b>	<b>686.16</b>	<b>686.16</b>	<b>686.16</b>

  

DIS AMT.	IGST PAYABLE	PAYABLE	CR/DR NOTE
0.00	686.16	0.00	0.00
<b>Grand Total</b>			
<b>6404.00</b>			

**FOR SIDRAMESHWAR PHARMACEUTICAL DISTRIBUTORS**  
 Authorised Signatory

**Terms & Conditions**  
 Goods once sold will not be taken back or exchanged.  
 BANK DETAIL: AC/4211201000041, IFSC: CNRB0010853, CANARA BANK, NAVANAGAR  
 Bills not paid due date will attract 24% interest.

8

**SIDRAMESHWAR PHAMACEUTICAL DISTRIBUTORS**  
 SECTOR NO.31 PLOT NO.B-2  
 NEAR UDBHAVA GANESH TEMPLE NAVANAGAR  
 BAGALKOT-587103  
 Phone : 9972345615, 8073070496, 9035628063  
 D.L.No. : KA-BT1-20B-131230 , 21B-131231  
 GSTIN : 29ADFFS2895H1Z1

**GST INVOICE**  
**CREDIT**

Party Name :  
**DCDC HEALTH SERVICE PVT.LTD**

GOVERNMENT HOSPITAL  
 DIALYSIS UNIT  
 07-DELHI  
 PHONE : 8867417094

*Hucklaeri*

Invoice No	01256	Order No.182-092024-27362	Cases	8
Invoice Date	16-09-2024	Order Date 04-09-2024	Transport	
Due Date	16-09-2024	L.R. No.		
		L.R. Date 16-09-2024		

GSTIN : 07AAFCD0204K1Z1

S.	Qty	Mfr	Pack	Product Name	Batch	Exp	HSN	M.R.P	Rate	DIS	IGST	Amount	Net Amount	
1.	✓ 100	IVES	100ML	NS 100ML IVES	403100	2/26	30049099	22.00	11.50	0.00	12.00	0.00	1150.00	1288.00
2.	✓ 144	IVES	1'S	NS 500ML IVES	408141	7/26	30049099	34.85	22.00	0.00	12.00	0.00	3168.00	3548.16
3.	✓ 100	CLAR	1'S	DEXTROSE 25% 100ML	1242686	3/26	30045020	22.40	14.00	0.00	12.00	0.00	1400.00	1568.00



Stock/No. of Boxes Received ..... 08  
 Subject to Physical Check  
 Name/Employee Code ..... *Subanna Bachig*  
 Centre Name ..... *Dist. Belagavi*  
 Date/Time ..... *23/9/24*  
 Signature ..... *[Signature]* M. No. *9910097214*

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	5718.00	0.00	0.00	686.16	0.00	686.16
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>5718.00</b>	<b>0.00</b>	<b>0.00</b>	<b>686.16</b>	<b>0.00</b>	<b>686.16</b>

Total Items :-	3	DIS AMT.	0.00
Total Qty :-	344	IGST PAYBLE	686.16
		PAYBLE	0.00
		CR/DR NOTE	0.00

Rs. Six Thousand Four Hundred Four Only  
 MSG:  
**Terms & Conditions**  
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 BANK DETAIL:AC/4211201000041,IFSC:CNRB0010853,CANARA BANK,NAVANAGAR  
 Bills not paid due date will attract 24% interest.

**FOR SIDRAMESHWAR PHAMACEUTICAL DISTRIBUTORS**

Authorised Signatory

**Grand Total**  
**6404.00**