

Party Name :
DCDC HEALTH SERVICE PVT.LTD
 GOVERNMENT HOSPITAL
 DIALYSIS UNIT
 07-DELHI
 PHONE : 8867417094
 GSTIN : 07AAFCD0204K1Z1

Sindagi
 9108364609

GST INVOICE
CREDIT

10

Invoice No 01570 Order No.174-102024-27854
 Order Date 04-10-2024 Cases
 Invoice Date 22-10-2024 L.R. No. Transport
 Due Date 22-10-2024 L.R. Date 22-10-2024

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

S.	Qty.	Mfr	Pack	Product Name	Batch	Exp	HSN	M.R.P	Rate	DIS	IGST	Amount	Net Amount
1.	240	IVES	1'S	NS 500ML IVES	410044	9/26	30049099	39.05	22.00	0.00	12.00	5280.00	5913.60



Stock/No. of Boxes Received 10 Box
 Subject to Physical Check 10 Box
 Name/Employee Code DCDC 3575
 Centre Name Sindagi
 Date/Time 22/10/2024 12:40
 Signature M. No. 9108364609

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1		DIS AMT. 0.00
IGST 12.00%	5280.00	0.00	0.00	633.60	0.00	240		IGST PAYBLE 633.60
IGST 18.00%	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			CR/DR NOTE 0.00
TOTAL	5280.00	0.00	0.00	633.60	0.00			5280.00

Rs. Five Thousand Nine Hundred Fourteen Only
 MSG:
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.

FOR SIDRAMESHWAR PHAMACEUTICAL DISTRIBUTORS
 Authorised Signatory

Grand Total
 5914.00