

**TAX INVOICE**

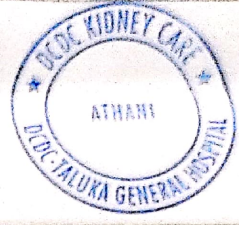
(DUPLICATE FOR TRANSPORTER)

**Gautam Healthcare Private Limited**  
 248, First Floor, Cycle Mkt,  
 Jhandewalan Extension,  
 New Delhi-110 055  
 9811116228  
 AECCG9710C  
 DL Number-DL-MTM-145471 DT 22.08.2021  
 GSTIN/UIN: 07AAECC9710C1ZV  
 State Name : Delhi, Code : 07  
 CIN: U85100DL2011PTC227049  
 E-Mail: vivek@gautamhealthcare.com

Consignee (Ship to)  
**DCDC Health Services Private Limited**  
 TH Athani, Taluka General Hospital Athani,  
 Dialysis Unit  
 Near Kanaratak (Bank Miraj Road, Basvareshwar Circle  
 591304  
 Contact No: 9620715281  
 State Name : Karnataka, Code : 29  
 Buyer (Billing)

**DCDC Health Services Private Limited**  
 C-185, Mayapuri Industrial Area  
 Phase-4  
 Mayapuri  
 New Delhi-110064  
 State Name : Delhi, Code : 07

Invoice No. <b>GST/24-25/425</b>	Dated <b>25-Jun-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>169-062024-26242</b>	Dated <b>4-Jun-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	



SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	AVF2516LF01E Vital 16G Batch : 24J2150162 Expiry : 19-Apr-27	90183990	500 pcs 500 pcs	11.50	pcs	5,750.00
2	AVF2517LF01E Vital G17 Batch : 24J2150138 Expiry : 5-Apr-27	90183990	500 pcs 500 pcs	11.50	pcs	5,750.00
						11,500.00
<b>CGST</b>						690.00
<b>SGST</b>						690.00
<b>Total</b>			<b>1,000 pcs</b>			<b>12,880.00 ₹</b>

Stock/No. of Boxes Received ..... 02 .....  
 Subject to Physical Check  
 Name/Employee Code ..... Arun .....  
 Centre Name ..... ATHANI .....  
 Date/Time ..... 08/06/24 12:00 PM .....  
 Signature ..... [Signature] ..... M. No. 9620715281

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

HSN/SAC	Taxable Value	CGST		SGST/LTGST		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 : **AAECC9710C**

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