

**TAX INVOICE**

(ORIGINAL FOR RECEIPT)

**Gautam Healthcare Private Limited**

248, First Floor, Cycle Mkt,  
Jhandewalan Extension,  
New Delhi-110 055

9811116228

AAECG9710C

DL Number-DL-MTM-145471 DT 22.06.2021

GSTIN/UIN: 07AAECG9710C1ZV

State Name : Delhi, Code : 07

E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)

**DCDC Health Services Private Limited**

District Hospital Ghazipur  
Dialysis Center, District male hospital, Gorabazar  
Ghazipur, UP, 233002

Contact No : 8115409765

State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)

**DCDC Health Services Private Limited**

C-185, Mayapuri Industrial Area

Phase-II

Mayapuri

New Delhi-110064

State Name : Delhi, Code : 07

Description of Goods

SI

No.

1 Infa Hep (Heparin Inj IP 25000IU)

Batch : HP2031

Expiry : 30-Sep-24

Batch : HP2038

Expiry : 30-Sep-24

Invoice No.

**GST/2223/915**

Delivery Note

Reference No. & Date.

Buyer's Order No.

**97-012023-21490-1**

Dispatch Doc No.

Dispatched through

Terms of Delivery

Dated

**31-Jan-23**

Mode/Terms of Payment

**30 Days**

Other References

Dated

**11-Jan-23**

Delivery Note Date

Destination

HSN/SAC	Quantity	Rate	per	Amount
30019091	100 Pcs	135.00	Pcs	13,500.00

CGST  
SGST

810.00  
810.00

**DCDCHSPL CENTRE-DIST. HOSPITAL GHAZIPUR**  
**MATERIAL RECEIVED**

DATE... 06/02/23

TIME... 11:00 AM RECEIVED BY.....

*[Signature]*

Total 100 Pcs 15,120.00 INR

E. & O E

Amount Chargeable (in words)

**Fifteen Thousand One Hundred Twenty INR Only**

HSN/SAC	Central Tax		State Tax		Total Tax Amount
	Value	Rate	Rate	Amount	
30019091	13,500.00	6%	6%	810.00	1,620.00
<b>Total</b>	<b>13,500.00</b>			<b>810.00</b>	<b>1,620.00</b>

Tax Amount (in words) : **One Thousand Six Hundred Twenty INR Only**

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

Company's PAN : **AAECG9710C**

Declaration

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

*[Signature]*  
Authorised Signatory

