

GSTIN : 07ABAFG6573H1ZA

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**TAX INVOICE**  
**GENCARE GLOBAL**

GROUND FLOOR, Flat no.: B-542, Baal Krishan Thapar Marg, Near Sudershan Park New Delhi 110015

Tel. : 9625232705 email : gencareglobe@gmail.com

Invoice No. : 634/2024-25	Vehicle No. :
Dated : 10-06-2024	Station :
Place of Supply : Delhi (07)	E-Way Bill No. :
Reverse Charge : N	P.O NO. : 138-062024-26275
GR/RR No. :	P.O DATE : 04-06-2024
Transport :	

<b>Billed to :</b> DCDC Health Services Private Limited C-185, First Floor Rewari Line Industrial Area Mayapuri, Phase-II, Delhi, 110064	<b>Shipped to :</b> DCDC Health Services Private Limited DH, Karimnagar District Head Quarter Hospital Beside MCH Hospital Dist-Karimnagar-505001
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1	Party Mobile No : 7732000738 GSTIN / UIN : 07AAFCD0204K1Z1

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	List Price	Discount	Price	Amount( ` )
1.	BLOOD TUBING 24040081C	90183930	1,000.00	Pcs.	96.00	0.00 %	96.00	96,000.00
2.	EXAM GLOVES MEDIUM 500 GMS	40151100	60.00	Pcs.	210.00	0.00 %	210.00	12,600.00

<b>1,08,600.00</b>							
Add : CGST @ 6.00 %							6,516.00
Add : SGST @ 6.00 %							6,516.00

**Grand Total 1,060.00 Pcs. 1,21,632.00**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
40151100	12%	12,600.00	756.00	756.00	1,512.00
90183930	12%	96,000.00	5,760.00	5,760.00	11,520.00
<b>Total</b>		<b>1,08,600.00</b>	<b>6,516.00</b>	<b>6,516.00</b>	<b>13,032.00</b>

**Rupees One Lakh Twenty One Thousand Six Hundred Thirty Two Only**

**Bank Details :** HDFC BANK BRANCH : MOTI NAGAR  
A/C NO : 50200091740082 IFSC CODE : HDFC0004396

**Terms & Conditions**  
E.& O.E.  
1. Goods once sold will not be taken back.  
2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.  
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :  
  
**For GENCARE GLOBAL**  
  
**Authorised Signatory**

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

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