



Tax Invoice Cum Delivery Challan

 <b>ARIVATION HEALTHCARE PRIVATE LIMITED</b> Site Office: 16/24 Dr. Suresh Chandra Banerjee Road KOLKATA Kolkata WB KOLKATA-700010 GSTIN/UIN: 19AAASCA6131H1ZF State Name : West Bengal, Code : 19 Contact : 6289556902, 9836667979 E-Mail : arivationhealthcare@gmail.com www.arivation.com	Invoice No. <b>AHPL/2324/081</b>	Dated <b>10-Jun-23</b>
	Delivery Note	Mode/Terms of Payment <b>30 DAYS</b>
Consignee (Ship to) <b>DCDC Health Service Pvt. Ltd.</b> Sadar Hospital Daltanganj; 3 rd Floor Sadar Hospital Daltanganj, Palamu Jharkhand, 822101; Contact No : 8210919785 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Jharkhand, Code : 20	Reference No. & Date.	Other References
Buyer (Bill to) <b>DCDC Health Service Pvt. Ltd.</b> C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Jharkhand	Buyer's Order No. <b>34-062023-22869-3</b>	Dated <b>6-Jun-23</b>
	Dispatch Doc No.	Delivery Note Date
	Dispatched through <b>SAFEXPRESS</b>	Destination <b>JHARKHAND</b>
	Terms of Delivery <b>DOOR DELIVERY</b>	

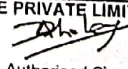
Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	<b>DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2)</b> Batch : DC2324096 Expiry: 30-Jun-25  Igst Output	30049032	150 Pcs 150 Pcs	169.00	Pcs		25,350.00
							3,042.00
<b>Total</b>			<b>150 Pcs</b>				<b>₹ 28,392.00</b>

**30 BOX**  
 Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code ..... BIPIN DLOO710  
 Centre Name ..... SADAR HOSPITAL DALTANGANJ  
 Date/Time ..... 15/6/23 4:30pm  
 Signature .....  M. No. 7866933808

Amount Chargeable (in words) **Indian Rupees Twenty Eight Thousand Three Hundred Ninety Two Only** E. & O.E

Taxable Value	Rate	IGST Amount	Total Tax Amount
25,350.00	12%	3,042.00	3,042.00
<b>Total: 25,350.00</b>		<b>3,042.00</b>	<b>3,042.00</b>

Tax Amount (in words) : **Indian Rupees Three Thousand Forty Two Only**

Registration No: WB/KOL/NBOW/320645 & WB/KOL/BOW/320645 UAM No. WB10D0023343 @24% PA will be charged after credit period Goods sold will not be taken back or exchanged	Company's Bank Details Bank Name : <b>Union Bank of India</b> A/c No. : <b>015225010000001</b> Branch & IFS Code : <b>Dharmatolla Branch &amp; UBIN0901521</b>
Customer Seal and Signature	for ARIVATION HEALTHCARE PRIVATE LIMITED  Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION  
This is a Computer Generated Invoice

