

R.C. HEALTH CARE
 Pharmac ut al Distributors -
 F/7/31 SEC-11 PRATAP VIHAR GHAZIABAD OPP.
 LEELAWATI SCHOOL

Phone : 7838223890
 Licence No. : UP1420B000461/UP1421B000458
 GSTIN : 09AARFR8679M1ZU

GST INVOICE

CREDIT

Invoice No	T0001223	Order No.	0
Invoice Date	19-09-2023	Order Date	
Due Date	19-09-2023	L.R. No.	
		L.R. Date	19-09-2023
		Transport	

Party Name
 DCDC HEALTH SERVICE PVT.LTD.
 PLOT NUMBER-01,SECT-110,NEAR MAHARISHI
 ASHRAM,NOIDA
 09-UTTAR PRADEH
 PHONE : 9205617242
 Licence No. : U85190DL2014PTC265804

S.	Qty.	Mfr	Pack	Product Name	Batch	Exp	HSN	M.R.P	Rate	DIS	SGST	CGST	Amount	Net Amount
1.	120	JEDU		NS 500ML FFS	N1QC238	6/25	30049099	39.04	19.00	0.00	6.00	6.00	2280.00	2553.60

Stock/No. of Boxes Received 5 boxes
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No.

CLASS	TOTAL	SCHEME	DISCOUNT	SGST	CGST	TOTAL GST	TOTAL
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	2280.00
GST 12.00%	2280.00	0.00	0.00	136.80	136.80	273.60	2280.00
GST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GST 28 %	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	2280.00	0.00	0.00	136.80	136.80	273.60	2280.00

Total Items :- 1
 Total Qty :- 120

TOTAL 2280.00
 DIS AMT. 0.00
 SGST PAYBLE 136.80
 CGST PAYBLE 136.80
 CR/DR NOTE 0.00

Rs. Two Thousand Five Hundred Fifty Four Only

BANK NAME: PNB, A/c no. 3946002100007556, IFSC code: PUNB0394600

Terms & Conditions

The rate of products is valid only for current Invoice.
 All disputes subject to GHAZIABAD Jurisdiction only.
 Bills not paid due date will attract 24% interest.

FOR R.C. HEALTH CARE

[Signature]
 Authorised Signatory

Grand Total
 2554.00