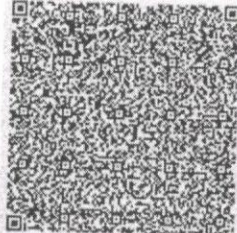


IRN : 6223b7637e30535d477039378307c9cd562700-51e64b602032708ed04bd65b82

Ack No. : 182415691077508

Ack Date : 7-Mar-24



**ARIVATION**  
DialysisGPS

**ARIVATION HEALTHCARE PRIVATE LIMITED**  
Site Office: 16/24 Dr. Suresh Chandra Banerjee Road  
KOLKATA Kolkata WB  
KOLKATA-700010  
GSTIN/UIN: 19AASCA6131H1ZF  
State Name : West Bengal, Code : 19  
Contact : 6289556902,9836667979  
E-Mail : arivationhealthcare@gmail.com  
www.arivation.com

|                         |                       |
|-------------------------|-----------------------|
| Invoice No.             | Dated                 |
| <b>AHPL/2324/529</b>    | <b>7-Mar-24</b>       |
| Delivery Note           | Mode/Terms of Payment |
|                         | <b>30 DAYS</b>        |
| Reference No. & Date.   | Other References      |
| Buyer's Order No.       | Dated                 |
| <b>103-032024-25321</b> | <b>5-Mar-24</b>       |
| Dispatch Doc No.        | Delivery Note Date    |
| Dispatched through      | Destination           |
| <b>SAFEXPRESS</b>       | <b>KASGANJ</b>        |
| Terms of Delivery       |                       |

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
District Hospital Kasganj, Dialysis Center,  
Combined District Hospital kasganj, Vill  
Mammon district Kasganj Near district court  
kasganj, Uttar, pradesh-207123; Contact No : 9584802753  
GSTIN/UIN : 07AAFCD0204K1Z1  
State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)  
**DCDC Health Service Pvt. Ltd.**  
C-185, Mayapuri Industrial Area phase- 2,  
Mayapuri, New Delhi-110064  
GSTIN/UIN : 07AAFCD0204K1Z1  
State Name : Delhi, Code : 07  
Place of Supply : Delhi

| SI No. | Description of Goods   | HSN/SAC  | Quantity                | Rate   | per | Disc. % | Amount           |
|--------|--|----------|-------------------------|--------|-----|---------|------------------|
| 1      | <b>Dry Dialysate 36.83x – 50 Lit.MIX (With Part B)</b><br>Batch : DC2324421<br>Expiry: 28-Feb-26 | 30049032 | <b>50 Pcs</b><br>50 Pcs | 825.00 | Pcs |         | <b>41,250.00</b> |
|        | <b>Igst Output</b>   |          |                         |        |     |         | <b>4,950.00</b>  |
|        | <b>Total</b>   |          | <b>50 Pcs</b>           |        |     |         | <b>46,200.00</b> |

Stock/No. of Boxes Received ..... 50  
Subject to Payment .....  
Name/Employer .....  
Centre Name .....  
Date/Time ..... 12/3/24 4:30 PM  
Signature .....

Amount Chargeable (in words) **Indian Rupees Forty Six Thousand Two Hundred Only** E. & O.E

| Taxable Value           | IGST Rate | IGST Amount     | Total Tax Amount |
|-------------------------|-----------|-----------------|------------------|
| 41,250.00               | 12%       | 4,950.00        | 4,950.00         |
| <b>Total: 41,250.00</b> |           | <b>4,950.00</b> | <b>4,950.00</b>  |

Tax Amount (in words) : **Indian Rupees Four Thousand Nine Hundred Fifty Only**

Declaration  
DL No: WB/KOL/NBO/W/320645 & WB/KOL/BO/W/320645  
MSME UAM No. WB10D0023343  
Interest @24% PA will be charged after credit period  
Goods once sold will not be taken back or exchanged

Company's Bank Details  
A/c Holder's Name: **ARIVATION HEALTHCARE PRIVATE LIMITED**  
Bank Name : **Union Bank of India**  
A/c No. : **015225010000001**  
Branch & IFS Code: **Dharmatolla Branch & UBIN0530131**  
SWIFT Code : **UBININBB0CL**

Customer's Seal and Signature

for ARIVATION HEALTHCARE PRIVATE LIMITED



Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION  
PROFORMA INVOICE