

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

**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  
CIN: UB5100DL2011PTC227049  
E-Mail : vivek@gautamhealthcare.com

Consignee (Ship to)

**DCDC Health Services Private Limited**  
DH Peddapalli  
DH Peddapalli, Distt-Karim Nagar, 505172  
District - Karim Nagar  
Contact No : 7989459309  
State Name : Telangana, Code : 36

Buyer (Bill to)

**DCDC Health Services Private Limited**  
C-185, Maypuri Industrial Area  
Phase-II  
Mayapuri  
New Delhi-110064  
State Name : Delhi, Code : 07

Invoice No. <b>GST/24-25/474</b>	e-Way Bill No. <b>701442181790</b>	Dated <b>10-Jul-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>	
Reference No. & Date.	Other References	
Buyer's Order No. <b>119-072024-26579</b>	Dated <b>10-Jul-24</b>	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>BLU008E</b> Batch : 2401150614 Expiry : 1-Apr-27	90183990	780 pcs 780 pcs	100.00	pcs	78,000.00
						CGST 4,680.00 SGST 4,680.00
<b>Total</b>						<b>87,360.00 ₹</b>

Stock/No. of Boxes Received ... **2.6** .....  
Subject to Physical Check  
Name/Employer ... **D. Sravan Kumar D 02967**  
Centre ... **Peddapalli** .....  
Date ... **15/07/24** .....  
Signature ... **[Signature]** ..... M. No. **9494094080**

IR: 262542417  
MAWB: 16179210830325  
Box count: DDC  
Client: SALENPLSS 828C  
OID: DAX  
IM Pincode: 606172  
16179210830583

Amount Chargeable (in words) **Eighty Seven Thousand Three Hundred Sixty INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	78,000.00	6%	4,680.00	6%	4,680.00	9,360.00
<b>Total</b>			<b>4,680.00</b>		<b>4,680.00</b>	<b>9,360.00</b>

Amount (in words) : **Nine Thousand Three Hundred Sixty INR Only**

**Company's Bank Details**  
A/c Holder's Name : **Gautam Healthcare Private Limited**  
Bank Name : **IDBI BANK CC A/C**  
A/c No. : **1735102000017152**  
Branch & IFS Code : **Chawri Bazar & IBKL0001735**

Company's PAN : **AAECG9710C**

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

for Gautam Healthcare Private Limited  
**[Signature]**  
Authorized Signatory