


## Tax Invoice

 <b>P.K.Scientific &amp; Chemicals (Noida)</b> I-82, Site-C, Surajpur Industrial Area, Greater Noida, Gautam Budh Nagar (U.P.) GSTIN/UIN: 09AAEPA7509G1ZX State Name : Uttar Pradesh, Code : 09 E-Mail : pkscnoida@gmail.com	Invoice No.	e-Way Bill No.	Dated
	F/0781/2023-24		<b>3-Jan-24</b>
	Delivery Note		Mode/Terms of Payment
	Reference No. & Date.	Other References	
Consignee (Ship to) <b>DCDC Health Services (P) Ltd</b> Lucknow Uttar Pradesh State Name : Uttar Pradesh, Code : 09	Buyer's Order No.	Dated	
	Dispatch Doc No.	Delivery Note Date	
	Dispatched through	Destination	
	Bill of Lading/LR-RR No.	Motor Vehicle No. <b>UP16ET8826</b>	
Buyer (Bill to) <b>DCDC Health Services (P) Ltd</b> C/o Civil Hospital Ghaziabad District Combined Hospital, Sec-23 Ghaziabad (UP)-201001 State Name : Uttar Pradesh, Code : 09	Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Dry Citrate Dailysis Concentrate</b> <b>Haemodailysis</b> Batch : DPA-2302 Expiry : 3-Mar-25 Paaart-A 50 Ltr Mix With Part-B With Dextrose 50(1x2Pkt)=100Pkt+50Box Part-B+10Box Dex.	30049099	100 Pkt	875.00	Pkt	87,500.00
2	<b>Dry Citrate Dailysis Concentrate</b> <b>Haemodailysis</b> Batch : DPA-2303 Expiry : 3-Mar-25 (Potassium Fre)Part-A 10Ltr Mix With Part-B 4(1x10Pkt)=40Pkt+04 Box Part-B Total Cases-118 Nos	30049099	40 Pkt	175.00	Pkt	7,000.00

continued ...

Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time ..... 3-20-23 .....  
 Signature ..... *[Signature]* .....  
8528819568