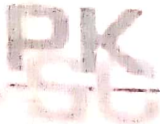


Tax Invoice

 P.K.Scientific & Chemicals (Noida) 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/0704/2023-24	9-Dec-23
Consignee (Ship to)	Delivery Note	Mode/Terms of Payment
DCDC Health Services (P) Ltd Lucknow Uttar Pradesh State Name : Uttar Pradesh, Code : 09	Reference No. & Date.	Other References
Buyer (Bill to)	Buyer's Order No.	Dated
DCDC Health Services (P) Ltd C/o District Hospital Kushinagar Combined District Hospital Rabindra Nagar Rd, Rabindra Nagar Dhoos, Kushinagar -274402 (U.P.) Ph- 8506007856 State Name : Uttar Pradesh, Code : 09	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	Bill of Lading/LR-RR No.	Motor Vehicle No. DL01LAA5006
	Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Dry Citrate Dailysis Concentrate Haemodialysis Batch : DPA-2302 Expiry : 3-Mar-25 50 Box (With Part A+B) 50Ltr Mix With Dextrose-10 Box	30049099	100 Pkt	875.00	Pkt	87,500.00
2	Dry Citrate Dailysis Concentrate Haemodialysis Batch : DPA-2303 Expiry : 3-Mar-25 (Potassium Free) Part-A+B, 10 Ltr Mix 01 BOX	30049099	10 Pkt	175.00	Pkt	1,750.00
						89,250.00
	CGST@6%			6 %		5,355.00
	SGST@6%			6 %		5,355.00
	Total		110 Pkt			₹ 99,960.00

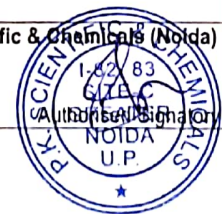
Amount Chargeable (in words) E. & O.E
INR Ninety Nine Thousand Nine Hundred Sixty Only

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
30049099	89,250.00	6%	5,355.00	6%	5,355.00	10,710.00
Total	89,250.00		5,355.00		5,355.00	10,710.00

Tax Amount (in words) : **INR Ten Thousand Seven Hundred Ten Only**
 Company's VAT TIN : 09366101214
 Company's CST No. : GN 5073017 Dt. 25/09/04
 Company's PAN : AAEPAT7509G

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

for P.K.Scientific & Chemicals (Noida)



This is a Computer Generated Invoice

Stock/No. of Boxes Received **112 Box** .
 Subject to Physical Check **112 Box** .
 Name/Employee Code **A. J. ... 02119** .
 Centre Name **DCDC Kushinagar** .
 Date/Time **15.12.23 3:40pm** .
 Signature **[Signature]** M. No. **8917001011**