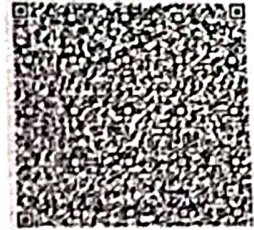


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 454f78099ebfb7be629ee822c7285abcdcef05e-  
bce3a36eec56a5ef09a9cfe70  
Ack No. : 182415690744348  
Ack Date : 7-Mar-24

 ARIVATION HEALTHCARE PRIVATE LIMITED Site Office: 1524 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
	AHPL/2324/524	7-Mar-24
	Delivery Note	Mode/Terms of Payment
		30 DAYS
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	94-032024-25357	5-Mar-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	SAFEXPRESS	PANIPET
	Terms of Delivery	

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 Prem Hospital: LHDM & Dr. Prem Hospital  
 Bishan Sarup Colony, OPP Bus Stand,  
 Panipat-132103, Contact No : 9671899298  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Haryana, Code : 06

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

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Dry Dialysate 36.83x – 50 Lit.MIX (With Part B) Batch : DC2324421 Expiry: 29-Feb-26	30049032	20 Pcs 20 Pcs	825.00	Pcs		16,500.00
	<b>Igst Output</b>						1,980.00
	<b>Total</b>		<b>20 Pcs</b>				<b>18,480.00</b>

Stock/No. of Boxes Received ..... 20 .....

Subject to Physical Check

Name/Employee Code ..... AC02095 .....

Centre Name ..... Panipat .....

Date/Time ..... 5/3/24 .....

Signature ..... M. No. 967189298

Amount Chargeable (in words) E. & O.E  
**Indian Rupees Eighteen Thousand Four Hundred Eighty Only**

	Taxable Value	IGST		Total Tax Amount
		Rate	Amount	
	16,500.00	12%	1,980.00	1,980.00
<b>Total:</b>	<b>16,500.00</b>		<b>1,980.00</b>	<b>1,980.00</b>

Tax Amount (in words) : **Indian Rupees One Thousand Nine Hundred Eighty 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. : **01522501000001**  
 Branch & IFS Code: **Dharmatolla Branch & UBIN0530131**  
 SWIFT Code : **UBININBOCL**

Customer's Seal and Signature for ARIVATION HEALTHCARE PRIVATE LIMITED

Authorised Signatory

