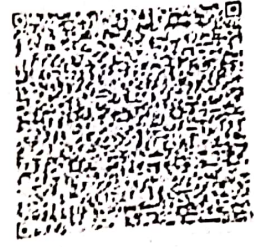


Tax Invoice

Printed on 20-Apr-24 at 12:14

e-Invoice



IRN 2feaf96a0c8a0927633867111a7f59f0f007cd-  
 8ebef692d2d133bb05bcd1900bc  
 Ack No 112420001370069  
 Ack Date 20-Apr-24

Invoice No SAP/220/2024-25  
 Delivery Note  
 Reference No. & Date.  
 Buyer's Order No 119-042024-25782  
 Dispatch Doc No  
 Dispatched through  
 Terms of Delivery

Dated 20-Apr-24  
 Mode/Terms of Payment 30 Days  
 Other References  
 Dated 5-Apr-24  
 Delivery Note Date  
 Destination Pedapalli

SAP MEDICALS PVT. LTD. (2023-2024)  
 D.No 9486194 Saipally Colony, Telchowki,  
 Hyderabad Dist. Telchowki, Medchal Malkajgiri,  
 Hyderabad(Dist)-500008  
 Licence No 536/HD1/AP/2009  
 GSTIN/UIN 36AAMCS4547H12Z  
 State Name Telangana Code 36  
 CIN U24234AP2008PTC061380  
 E-Mail sanmedicals@yahoo.com

Consignee (Ship to)  
**DCDC Kidney Care**  
 DH Peddapalli,  
 DH Peddapalli,  
 Kammarajar Dist  
 Peddapalli - 505172  
 GSTIN/UIN 07AAFCD0204K121  
 State Name Delhi, Code 07

Buyer (Bill to)  
**DCDC Kidney Care**  
 Public Health Services Pvt.Ltd  
 C-185, Mayapuri Industrial Area,  
 Phase - II, Mayapuri - 110064  
 New Delhi  
 GSTIN/UIN 07AAFCD0204K121  
 State Name Delhi, Code 07

Sl No	Description of Goods	HSN/SAC	Mtg By	Batch No	Mtg Date	Expiry Date	Quantity	Rate	Disc %	Amount
1	Oasis Dry Citrate Dialysate Part - A 50 Ltrs Mix	30049032	Oasis	2403A001	1-Mar-24	31-Mar-26	30 Pkts	800.00		24,000.00
2	Oasis Dry Citrate Dialysate Part B - 50 Ltrs Mix	62103000	Oasis	2403B001	1-Mar-24	31-Mar-26	60 Pkts			24,000.00
IGST										2,880.00
Total							90 Pkts			₹ 26,880.00

Stock/No. of Boxes Received ..... 30 .....  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. ....

Amount Chargeable (in words)  
**INR Twenty Six Thousand Eight Hundred Eighty Only**

Taxable Value	Rate	IGST Amount	Total Tax Amount
24,000.00	12%	2,880.00	2,880.00
<b>Total: 24,000.00</b>		<b>2,880.00</b>	<b>2,880.00</b>

Tax Amount (in words) : **INR Two Thousand Eight Hundred Eighty Only**  
 Company's PAN : **AAMCS4547H**

- Declaration
- DL No 536/HD1/AP/2009
  - We hereby certify that the goods supplied against this invoice do not contravene section (18) of Drug, Act 1940
  - Subject to Hyderabad Jurisdiction only
  - Interest @ 24% PA will be charged after credit period
  - Receive the above mentioned materials in good order & Condition
  - Good once sold will not be taken back or exchanged
- Customer's Seal and Signature

Company's Bank Details  
 Bank Name : ICICI Bank (112405500156)  
 A/c No : 112405500156  
 Branch & IFS Code : Telichowki & ICIC0001124

for SAP MEDICALS PVT. LTD. (2023-2024)  
 Authorized Signatory

This is a Computer Generated Invoice

A-15  
 B-15