

**GST INVOICE**

**PAVIT MEDICAL AGENCIES**  
 GALI NO.1, MAHARAJ COLONY,  
 OPP.T.B HOSPITAL, GOHANA ROAD,  
 ROHTAK-124001  
 Phone: 9812005000, 9876093750, 9416272579  
 D.L.No.: 20B HR-44-1135-OW/H; 21B HR-44-1135-W/H  
 GSTIN: 06ACZPK5006D1ZM

Invoice No A-000956  
 Invoice Date 11-05-2023  
 Due Date 11-05-2023  
 E-WAY No.  
 VEHICLE NO  
 L.R. No. 21994  
 L.R. Date 11-05-2023  
 Cases 50  
 Transport SUNIL TRANSP CO

**BILL TO:**  
 DCDC HEALTH SERVICE PVT.LTD  
 C-185, MAYAPURI IND.AREA  
 PHASE-2, MAYAPURI  
 NEW DELHI 07-DELHI  
 PHONE: 8506011227  
 GSTIN: 07AAFCD0204K1Z1

**SHIP TO:**  
 DCDC HEALTH SERVICE PVT.LTD.(HISAR)  
 CIVIL HOSPITAL  
 NEAR BUS STAND  
 HISAR 06-HARYANA  
 PHONE: 9253322949  
 GSTIN:

SN.	Qty	Free	Pack	Product Name	Batch	Exp	HSN	M.R.P	Rate	DIS	DIS2	GST	Amount	Net Amount
1.	200	0	1000ML	INFUSUON AQUALIVE-NS	(1)103	3/25	30049099	58.20	28.85	0.00	0.00	12.00	5770.00	6462.40
2.	200	0	1000ML	INFUSUON AQUALIVE-NS	(1)104	3/25	30049099	58.20	28.85	0.00	0.00	12.00	5770.00	6462.40
3.	200	0	1000ML	INFUSUON AQUALIVE-NS	(1)109	3/25	30049099	58.20	28.85	0.00	0.00	12.00	5770.00	6462.40

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	17310.00
IGST 12.00%	17310.00	0.00	0.00	2077.20	0.00	19387.20
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	17310.00	0.00	0.00	2077.20	0.00	19387.20

Rs. Nineteen Thousand Three Hundred Eighty Seven Only  
 MSG: P.O 27-052023-22520-8 DT.5.5.23

**Terms & Conditions**

Goods once sold will not be taken back or exchanged.  
 All disputes subject to Rohtak Jurisdiction only.  
 Bills not paid by due date will attract 24% interest.

**OUR BANK DETAIL:- HDFC BANK LTD. MODEL TOWN ROHTAK**  
**A/C NO. 01768970000035 IFSC CODE: HDFC0000176**

IRN: 4f577aaf5b7f648ded374ace9ba91b80e9dbfd9208616fcb03394d93f9761bc9  
 ACK: 132314854436619  
 ACK.DT: 11-05-2023 12:27



**FOR PAVIT MEDICAL AGENCIES**

*[Signature]*  
**Authorised Signatory**

**Grand Total**

19387.00

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