

R.C. HEALTH CARE  
 Pharmaceutical Distributors  
 F7/31 SEC-11 PRATAP VIHAR GHAZIABAD OPP-  
 LEELAWATI SCHOOL  
 Phone : 7838223890  
 Licence No. : UP1420B000461/UP1421B000458  
 GSTIN : 09AARFR8679M1ZU

**GST INVOICE**

Party Name :  
**DCDC HEALTH SERVICE PVT. LTD.**  
 C-185MAYAPURI INDUSTRIAL AREA PHASE 2 N DELHI  
 CENTER- CIVIL HOSPITAL GHAZIABAD.  
 09-UP  
 PHONE : 8506002727

Invoice No **T0000449** Order No. **052023-22621-4** Cases **106**  
 Invoice Date Due Date **09-06-2023** Order Date **09-06-2023** L.R. No. **09-06-2023** Transport

| S. | Qty. | Mfr. | Pack  | Product Name      | Batch    | Exp   | HSN      | M.R.P | Rate  | DIS  | SGST | CGST | Amount   | Net Amount |
|----|------|------|-------|-------------------|----------|-------|----------|-------|-------|------|------|------|----------|------------|
| 1. | 1200 | ALKE |       | NS IP 0.9% 1000ML | M3030540 | 3/25  | 3005     | 58.21 | 30.00 | 0.00 | 6.00 | 6.00 | 36000.00 | 40320.00   |
| 2. | 300  | JEDU |       | D25 100ML FFS     | G3QA02   | 12/24 | 30049099 | 21.28 | 15.00 | 0.00 | 6.00 | 6.00 | 4500.00  | 5040.00    |
| 3. | 300  | SACH | 1*100 | NS 100ML (SACHIN) | N1QA145  | 4/25  | 30049099 | 22.03 | 13.00 | 0.00 | 6.00 | 6.00 | 3900.00  | 4358.00    |

Stock/No. of Boxes Received .....  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. 8506002727

DCDC HSPL CENTRE-DISTRICT HOSPITAL GHAZIABAD  
**MATERIAL RECEIVED**  
 DATE: 9/8/2023  
 TIME: 7:10 PM RECEIVED BY: [Signature]

| CLASS        | TOTAL           | SCHEME      | DISCOUNT    | SGST           | CGST           | TOTAL GST      | TOTAL           |
|--------------|-----------------|-------------|-------------|----------------|----------------|----------------|-----------------|
| GST 5.00%    | 0.00            | 0.00        | 0.00        | 0.00           | 0.00           | 0.00           | 44400.00        |
| GST 12.00%   | 44400.00        | 0.00        | 0.00        | 2664.00        | 2664.00        | 5328.00        | 44400.00        |
| GST 18.00%   | 0.00            | 0.00        | 0.00        | 0.00           | 0.00           | 0.00           | 0.00            |
| GST 28 %     | 0.00            | 0.00        | 0.00        | 0.00           | 0.00           | 0.00           | 0.00            |
| <b>TOTAL</b> | <b>44400.00</b> | <b>0.00</b> | <b>0.00</b> | <b>2664.00</b> | <b>2664.00</b> | <b>5328.00</b> | <b>44400.00</b> |

Rs. Forty Nine Thousand Seven Hundred Twenty Eight Only  
 BANK NAME: PNB, A/c no. 3946002100007556, IFSC code: PUNB0394600

**Terms & Conditions**  
 The rate of products is valid only for current Invoice.  
 All disputes subject to GHAZIABAD Jurisdiction only.  
 Bills not paid due date will attract 24% interest.

FOR R.C. HEALTH CARE  
 [Signature]  
 Authorised Signatory

**Grand Total**  
**49728.00**