

# TAX INVOICE

**DCDC HEALTH SERVICES PRIVATE LIMITED**  
 FIRST FLOOR, C-185, REWARI LINE INDUSTRIAL AREA, MAYAPURI, PHASE-2, NEW DELHI 110064  
 Phone : 8851337558  
 DL No. :  
 GSTIN : 07AAFFCD0204K1Z1

**R S SURGICALS**  
 H.NO.1-8-264/22/1, PART OF FIRST FLOOR,  
 SINDHI COLONY, PENDERGHAST ROAD, SECUNDERABAD-500003, TELANGANA 500003  
 GSTIN : 36BVBPP2482G1Z  
 State Code : 36- Telangana  
 9963400630  
 DL No. : TG2405/2017-26036  
 DL No.2 : TG24/05/2017-26037  
 E-mail id: rssurgicals27@gmail.com

**CREDIT**  
 Invoice No: AFS0754  
 Invoice Date: 14-08-2024  
 Due Date:

Order No. 121-082024-27116  
 Order Date:

S.No.	Qty.	Pack	Product	Batch	Exp	HSN	MRP	Rate	Dis. 1	IGST%	Amount
1	1000		IHL NS 500ML	4C340718	06-2027	30049099	39.00	19.00	0.00	12.00	19,000.00
2	200		IHL NS100ML	4C40372	04-2027	30049099	22.00	9.50	0.00	12.00	1,900.00
<b>TOTAL</b>											<b>20,900.00</b>
<b>Sub Total</b>											<b>20,900.00</b>
<b>Bill Dis</b>											<b>0.00</b>
<b>IGST</b>											<b>2,508.00</b>
<b>Sub Total</b>											<b>23,408.00</b>
<b>Grand Total</b>											<b>23,408.00</b>

Rs. Twenty Three Thousand Four Hundred Eight Only.

**Terms & Conditions:**  
 1) Goods once sold will not be taken back or exchanged.  
 2) Bills not paid due date will attract 24% interest.  
 3) All disputes subject to Jurisdiction only.

**Stock/No. of Boxes Received** .....  
**Subject to Physical Check**  
**Name/Employee Code** *B. Vamski* .....  
**Centre Name** *C.H.C. Yellaich* .....  
**Date/Time** *14/08/2024* .....  
**Signature** *[Signature]* M. No. ....

**Bank & Details:**  
 A/c No. 333405000087  
 ICICI BANK  
 Branch: SINDHI COLONY  
 IFSC Code: ICIC0003334

**For R S SURGICALS**  
 Authorised Signatory

Checked By \_\_\_\_\_  
 E.&O.E.