



Original Copy

TAX INVOICE
Gupta Medical DeviceKHASHRA NO 106/1, GROUND FLOOR, POOTH KALA VILLAGE NEAR 12
NOB TRANSFERMAR DELHI 110086

PAN : AWNPS2841N

GSTIN : 07AWNPS2841N1ZT

Tel. : 8470009615, 9810371170 email : gmdevice@yahoo.com

Drug Licence No. : RMD/DCD/23/ZO-5170/2023

Invoice No. : GMD/0518/23-24
Dated : 24-12-2023
Place of Supply : Jharkhand (20)
Reverse Charge : N
Buyer Order No : 33-122023-24517
Order Date : 07-12-2023Supplier Ref. :
Other Ref. :
Delivery Note :
Mode/terms of P :
Despatch Throug :
Destination :**Billed to :**
DCDC HEALTH SERVICE PVT
C-185, MAYAPURI INDUSTRIAL AREA PHASE 2
DELHI 11007**Shipped to :**
DCDC HEALTH SERVICE PVT
Sadar Hospital Dumka,
South Block 1st Floor Dialysis Unit,
New Building Sadar Hospital Dumka,
814101Party PAN : AAFC00204K
GSTIN / UIN : 07AAFC00204K1Z1
D.L. No. :Party PAN : AAFC00204K
GSTIN / UIN : 07AAFC00204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	Price	CGST Rate	CGST Amount	SGST Rate	SGST Amount	Amount(₹)
1.	SODIUM HYPOCHLORIDE 10% JAR	28289011	30.00	JAR	180.00	9.00 %	486.00	9.00 %	486.00	6,372.00

Add : CARTAGE

6,372.00
4,100.00

Grand Total 30.00 JAR

₹ 10,472.00

Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
18%	5,400.00	486.00	486.00	972.00

Stock/No. of Boxes Received 6
Subject to Physical Check
Name/Employee Code Swarnap / 2000894
Centre Name P.M.C.H. Dumka
Date/Time 13/12/24 11 Am
Signature M. No. 8506000181

Rupees Ten Thousand Four Hundred Seventy Two Only

Declaration
Section -9BANK NAME : PUNJAN NATIONAL BANK, BRANCH : SANT NAGAR BURARI
A/C NO : 17294015001319 IFSC CODE : PUNB0172910Bank Details : BANK DETAILS : GUPTA MEDICAL DEVICE BANK NAME & BRANCH : PNB
ACCOUNT NO : 1710005502127812 IFSC CODE : PUNB0171000**Terms & Conditions**

- E. & O. E.
- Goods once sold will not be taken back.
 - Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
 - Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Gupta Medical Device

Authorized Signatory