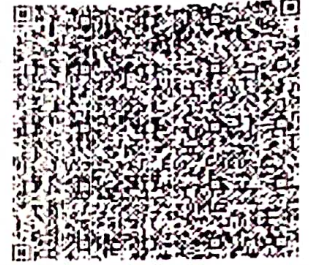


Tax Invoice Cum Delivery Chailan

e-Invoice



IRN : 39647df90157d2f4e6eddd459310dff0714017af94b19014-fad689d2bb24d4f5  
 Ack No. : 182415715338253  
 Ack Date : 11-Mar-24

<b>ARIVATION HEALTHCARE PRIVATE LIMITED</b> Site Office: 16/24 Dr. Suresh Chandra Banerjee Road KOLKATA Kolkata WB KOLKATA-700010 GSTIN/UIN: 19AASCA6131H1ZF State Name : West Bengal, Code : 19 Contact : 6289556902,9836667979 E-Mail : arivationhealthcare@gmail.com	Invoice No.	Dated
	AHPL/2324/542	11-Mar-24
Consignee (Ship to) <b>DCDC Health Service Pvt. Ltd.</b> Sadar Hospital Dumka; SOUTH BLOCK 1st, FLOOR, DIALYSIS UNIT NEW BUILDING, Dumka, 814101, Contact No : 7209638909 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Jharkhand, Code : 20	Delivery Note	Mode/Terms of Payment
		30 DAYS
Buyer (Bill to) <b>DCDC Health Service Pvt. Ltd.</b> C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	<b>DELHIVERY</b>	<b>DUMKA</b>
	Vessel/Flight No.	Place of receipt by shipper:
	City/Port of Loading	City/Port of Discharge
	Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	<b>DIALYZER 1.6 OCI HD16L</b> Batch : 230508 Expiry : 4-May-26  Igst Output  Stock/No. of Boxes Received ..... 3 Subject to Physical Check Name/Employee Code ..... <i>Swarup / DC00894</i> Centre Name ..... <i>P.M. Ct. DUMKA</i> Date/Time ..... <i>14.3.2024 AT 3.P.M</i> Signature ..... <i>[Signature]</i> ..... M. No. <i>8506000181</i>	90189031	72 Pcs 72 Pcs	290.00	Pcs		20,880.00
Total							₹ 21,924.00

Amount Chargeable (in words)  
 Indian Rupees Twenty One Thousand Nine Hundred Twenty Four Only

Company's Bank Details  
 A/c Holder's Name : ARIVATION HEALTHCARE PRIVATE LIMITED  
 Bank Name : Union Bank of India  
 A/c No. : 015225010000001  
 Branch & IFS Code : Dharmatolla Branch & UBIN0530131  
 SWIFT Code : UEININBBOCL

Declaration  
 DL No: WB/KOL/NBO/W/320645 & WB/KOL/BO/W/320645  
 MSME UAM No. WB10D0023343  
 Interest @24% PA will be charged after credit period  
 Goods once sold will not be taken back or exchanged

for ARIVATION HEALTHCARE PRIVATE LIMITED



*[Signature]*  
 Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION  
 This is a Computer Generated Invoice