


**Tax Invoice Cum Delivery Challan**

	<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 E-Mail : arivationhealthcare@gmail.com	Invoice No. e-Way Bill No. AHPL/2324/073 8513 1872 9909	Dated <b>8-Jun-23</b>
	Delivery Note Reference No. & Date.	Mode/Terms of Payment <b>30 DAYS</b> Other References	Buyer's Order No. <b>33-062023-22856-3</b>
Consignee (Ship to) <b>DCDC Health Service Pvt. Ltd.</b> Sadar Hospital Dumka SOUTH BLOCK 1st FLOOR DIALYSIS UNIT, NEW BUILDING Sadar Hospital Dumka, 814101, Contact No : 7209638909 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Jharkhand, Code : 20	Dispatched through <b>SAFEXPRESS</b>	Destination <b>JHARKHAND</b>	Bill of Lading/LR-RR No. dt. <b>8-Jun-23</b>
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 : Jharkhand	Terms of Delivery <b>DOOR DELIVERY</b>	Motor Vehicle No.	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	<b>DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2)</b> Batch : DC2324087 Expiry: 31-May-25 Batch : DC2324086 Expiry: 31-May-25	30049032	750 Pcs 600 Pcs 150 Pcs	169.00	Pcs		1,26,750.00
	<i>Igst Output</i>						<b>15,210.00</b>
	<b>Total</b>		<b>750 Pcs</b>				<b>₹ 1,41,960.00</b>

Stock/No. of Boxes Received ..... **150** .....  
 Subject to Physical Check  
 Name/Employee Code ..... **Suvarup / DL00894** .....  
 Centre Name ..... **P.J.RACH DUMKA** .....  
 Date/Time ..... **17/6/23** ..... At ..... **11:00 Am** .....  
 Signature ..... *[Signature]* ..... M. No. **8506000181**

Amount Chargeable (in words) **Indian Rupees One Lakh Forty One Thousand Nine Hundred Sixty Only** E. & O.E

Taxable Value	IGST		Total Tax Amount
	Rate	Amount	
1,26,750.00	12%	15,210.00	15,210.00
<b>Total: 1,26,750.00</b>		<b>15,210.00</b>	<b>15,210.00</b>

Tax Amount (in words) : **Indian Rupees Fifteen Thousand Two Hundred Ten Only**

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

Company's Bank Details  
 Bank Name : **Union Bank of India**  
 A/c No. : **015225010000001**  
 Branch & IFS Code : **Dharmatolla Branch & UBIN0901521**

Customer's Seal and Signature for ARIVATION HEALTHCARE PRIVATE LIMITED

