

**Tax Invoice Cum Delivery Challan**

**ARIVATION HEALTHCARE PRIVATE LIMITED**  
 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

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 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

Buyer (Bill to)  
**DCDC Health Service Pvt. Ltd.**  
 C-185, Mayapuri Industrial Area phase- 2,  
 Mayapuri, New Delhi-110064  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Delhi, Code : 07  
 Place of Supply : Jharkhand

Invoice No. <b>AHPL/2324/074</b>	Dated <b>8-Jun-23</b>
Delivery Note	Mode/Terms of Payment <b>30 DAYS</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>33-062023-22900-1</b>	Dated <b>6-Jun-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through <b>SAFEXPRESS</b>	Destination <b>JHARKHAND</b>
Bill of Lading/LR-RR No. <b>dt. 8-Jun-28</b>	Motor Vehicle No.
Terms of Delivery <b>DOOR DELIVERY</b>	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	<b>DRY CITRATE 10 LTR K + FREE(PARTA+PARTB-1:2)</b> Batch : DC2324058 Expiry: 30-Apr-2025	30049032	50 Pcs 50 Pcs	169.00	Pcs		8,450.00
	<b>Igst Output</b>						1,014.00
<b>Total</b>			<b>50 Pcs</b>				<b>₹ 9,464.00</b>

Stock/No. of Boxes Received ~~10~~ **10**  
 Subject to Physical Check  
 Name/Employee Code .... **Swarna / DL00894**  
 Centre Name .... **PJMEH / Dumka**  
 Date/Time .... **17.6.23** at **11:00 Am**  
 Signature ..... *[Signature]* M. No. .... **8506000181**

Amount Chargeable (in words) **Indian Rupees Nine Thousand Four Hundred Sixty Four Only**


Taxable Value	Rate	IGST Amount	Total Tax Amount
8,450.00	12%	1,014.00	1,014.00
<b>Total:</b> 8,450.00		<b>1,014.00</b>	<b>1,014.00</b>

Tax Amount (in words) : **Indian Rupees One Thousand Fourteen Only**

Declaration  
 DL NO: WB/KOLNBOW/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. : **01522501000001**  
 Branch & IFS Code : **Dharmatolla Branch & UBIN0901521**  
 for ARIVATION HEALTHCARE PRIVATE LIMITED

Customer's Seal and Signature

  
 Authorized Signature  
