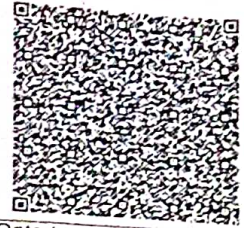


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 1c2b6e5eba5d8ca7e2b8e43f12db4a3c9b5ff00-63a701f23cbc0002c4da9b41c
 Ack No. : 182415244063348
 Ack Date : 9-Jan-24

 ARIVATION DialysisGPS	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 Contact : 6289556902,9836667979 E-Mail : arivationhealthcare@gmail.com www.arivation.com	Invoice No. AHPL/2324/409	Dated 9-Jan-24
	Consignee (Ship to) DCDC Health Service Pvt. Ltd. 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 Reference No. & Date.	Mode/Terms of Payment 30 DAYS
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 : Delhi	Dispatch Doc No.	Buyer's Order No. 33-012024-24517	Dated 21-Dec-23
	Dispatched through SAFEXPRESS	Destination JHARKHAND	
	Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2) Batch : DC2324374 Expiry: 31-Dec-25	30049032	200 Pcs 200 Pcs	169.00	Pcs		33,800.00
	<i>lgst Output</i>						4,056.00
Total			200 Pcs				37,856.00

Stock/No. of Boxes Received 40.....
 Subject to Physical Check
 Name/Employee Code Swarup/DL00894
 Centre Name Dumka.....
 Date/Time 25/1/24 at 11:00 Am
 Signature [Signature] M. No. 8506000181

Amount Chargeable (in words) **Indian Rupees Thirty Seven Thousand Eight Hundred Fifty Six Only** E. & O E

Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
33,800.00	12%	4,056.00	4,056.00
Total: 33,800.00		4,056.00	4,056.00

Tax Amount (in words) : **Indian Rupees Four Thousand Fifty Six Only**

Declaration
 DL No: WB/KOL/NBOW/320645 & WB/KOL/BOW/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
 A/c Holder's Name: **ARIVATION HEALTHCARE PRIVATE LIMITED**
 Bank Name : **Union Bank of India**
 A/c No. : **015225010000001**
 Branch & IFS Code: **Dharmatolla Branch & UBIN0901521**
 SWIFT Code : **UEININ33BOCL**

Customer's Seal and Signature _____ for ARIVATION HEALTHCARE PRIVATE LIMITED

Authorized Signatory