Tax Invoice Cum Delivery Challan

e-Invoice

IRN : d182be9ae3c66b103c210a16f38a99c423a796-bb28d023b41e763125dcd76e00
Ack No. : 182314460947896
Ack Date : 21-Sep-23

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 : 6289556902,9836867979
E-Mail : arivationhealthcare@gmail.com
www.arivation.com

Invoice No. AHPL/2324/258	Dated 21-Sep-23
Delivery Note	Mode/Terms of Payment 30 DAYS
Reference No. & Date.	Other References
Buyer's Order No. 33-092023-23725	Dated 6-Sep-23
Dispatch Doc No.	Delivery Note Date
Dispatched through MARUTI COURIER	Destination DUMKA
Bill of Lading/LR-RR No. dt. 21-Sep-23	Motor Vehicle No.
Terms of Delivery	

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

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

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	**Cartridge Filter 20" Slim Wound** *BIG BLUE FILTER 20"X2.5"*	84219900	12 Pcs	110.00	Pcs		1,320.00
	Igst Output						237.60
	Round Off						0.40
	Total		12 Pcs				1,558.00

Stock/No. of Boxes Received .....1.....
Subject to Physical Check
Name/Employee Code .....Swarup / DC00894
Centre Name ...PMCH, DUMKA...
Date/Time .....28/9/23 at 11:00 AM
Signature .....M. No...8506000181

Amount Chargeable (in words)
Indian Rupees One Thousand Five Hundred Fifty Eight Only

E. & O.E

Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
1,320.00	18%	237.60	237.60
Total: 1,320.00		237.60	237.60

Tax Amount (in words) : **Indian Rupees Two Hundred Thirty Seven and Sixty paise 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
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 : **UBININBBOCL**

Customer's Seal and Signature

for ARIVATION HEALTHCARE PRIVATE LIMITED

Arivation Healthcare Pvt. Ltd. Kolkata

Authorised Signatory

SUBJECT TO KOLKATA JURISDICTION

PROFORMA INVOICE