Tax Invoice Cum Delivery Challan

e-Invoice

IRN 047d9b69f7c2c95185758d6ab11bfc64a64bd3-7268c80e88fc0b3364feff31d5
Ack No. 182314136028148
Ack Date : 8-Aug-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 . 6289556902,9836667979
E-Mail : arivationhealthcare@gmail.com
www.arivation.com

Invoice No. AHPL/2324/185	e-Way Bill No. 8413 3430 1858
Dated	8-Aug-23
Delivery Note	Mode/Terms of Payment: 30 DAYS
Reference No. & Date.	Other References
Buyer's Order No. 33-082023-23409	Dated 7-Aug-23
Dispatch Doc No.	Delivery Note Date
Dispatched through SAFEXPRESS	Destination DUMKA
Bill of Lading/LR-RR No. dt. 8-Aug-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 Sadar Hospital Dumka, 814101,
Contact No : 7209638909
GSTIN/UIN : 07AAFCD0204K1Z1
State Name : Other Territory, Code : 97

Buyer (Bill to)
DCDC Health Service Pvt. Ltd.
C-185, Mayapuri Industrial Area phase- 2,
Mayapuri, New Delhi-110064
GSTIN/UIN : 07AAFCD0204K1Z1
State Name : Other Territory, Code : 97
Place of Supply : Other Territory

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	**DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2)** *Batch* : DC2324219 *Expiry* : 31-Aug-25 *Batch* : DC2324220 *Expiry* : 31-Aug-25	30049032	**750 Pcs** 370 Pcs 380 Pcs	169.00	Pcs		**1,26,750.00**
	Igst Output						15,210.00
	Total		750 Pcs				₹ 1,41,960.00

Stock/No. of Boxes Received 150
Subject to Physical Check
Name/Employee Code Swarup/DC00894
Centre Name ..... DJMCH, DUMKA
Date/Time ..... 29/8/23 at 11:00 Am
Signature ..... M. No. 8506000181

E. & O.E

Amount Chargeable (in words)
Indian Rupees One Lakh Forty One Thousand Nine Hundred Sixty Only

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

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**

for ARIVATION HEALTHCARE PRIVATE LIMITED

Authorised Signatory

Customer's Seal and Signature

Stock/No. of Boxes Received 150
Subject to Physical Check
Name/Employee Code .....
Centre Name ..... DJMCH, DUMKA
Date/Time .....
Signature ..... M. No. 8506000181

SUBJECT TO KOLKATA JURISDICTION
This is a Computer Generated Invoice