

Tax Invoice

Printed on 23-Oct-24 at 15:01
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e-Invoice



IRN : e03382846fde187a62d7d0f5c694201abc789-ca4b63114a9719f56c420853e70
Ack No. : 112422348682197
Ack Date : 23-Oct-24

| | | |
|--|-----------------------|-----------------------|
| <p>SAP MEDICALS PVT. LTD. (2023-2024) D.No.9-4-86/194,Salarjung Colony,Tolichowki, Hyderabad Dist, Tolichowki(V), Mehdiptanam(M), Hyderabad(Dist)-500008 Licence No:-536/HD1/AP/2009 GSTIN/UIN: 36AAMCS4547H1ZZ State Name : Telangana, Code : 36 CIN: U24234AP2008PTC061380 E-Mail : sapmedicals@yahoo.com</p> | Invoice No. | Dated |
| | SAP/2028/2024-25 | 23-Oct-24 |
| <p>Consignee (Ship to) DCDC Kidney Care DCDC Health Services Pvt.Ltd. CHC Korutla CHC Korutla, Dist Jagitial-505326 Contact No:9676017674 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07</p> | Delivery Note | Mode/Terms of Payment |
| | | 90 Days |
| <p>Buyer (Bill to) DCDC Kidney Care DCDC Health Services Pvt.Ltd. C-185, Mayapuri Industrial Area, Phase - II, Mayapuri -110064 New Delhi GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07</p> | Reference No. & Date. | Other References |
| | | |
| | Buyer's Order No. | Dated |
| | 118-102024-27815 | 4-Oct-24 |
| | Dispatch Doc No. | Delivery Note Date |
| | | |
| | Dispatched through | Destination |
| | | Korutla |
| | Terms of Delivery | |

| SI No. | Description of Goods | HSN/SAC | Mfg By | Batch No. | Mfg Date | Expiry Date | Quantity | Rate | Disc. % | Amount |
|--------------|--|----------|--------|-----------|----------|-------------|----------|--------|---------|--------------------|
| 1 | Oasis Dry Citrate Dialysate Part - A 50 Ltrs Mix | 30049032 | Oasis | 2410A001 | 1-Oct-24 | 31-Oct-26 | 100 Pkts | 800.00 | | 80,000.00 |
| 2 | Oasis Dry Citrare Dialysate Part B - 50 Ltrs Mix | 62103090 | Oasis | 2410B001 | 1-Oct-24 | 31-Oct-26 | 200 Pkts | | | 80,000.00 |
| IGST | | | | | | | | | | 9,600.00 |
| Total | | | | | | | 300 Pkts | | | ₹ 89,600.00 |

Stock/No. of Boxes Received 150
Subject to Physical Check
Name/Employee Code Michael
Centre Name ICICI
Date/Time 27.10.2024
Signature M. No.

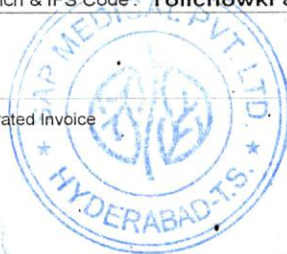
Amount Chargeable (in words) **INR Eighty Nine Thousand Six Hundred Only** E. & O.E.

| Taxable Value | Rate | IGST Amount | Total Tax Amount |
|-------------------------|------|-----------------|------------------|
| 80,000.00 | 12% | 9,600.00 | 9,600.00 |
| Total: 80,000.00 | | 9,600.00 | 9,600.00 |

Tax Amount (in words) : **INR Nine Thousand Six Hundred Only**
Company's PAN : AAMCS4547H
Declaration
(1) DL No.536/HD1/AP/2009.
(2) We here certify that the goods supplied against this invoice do not contravene section (18) of Drug, Act 1940.
(3) Subject to Hyderabad Jurisdiction only.
(4) Interest @24% PA will be charged after credit period.
(5) Receive the above mentioned materials in good order & Condition (6) Good once sold will not be taken back or exchanged.

Company's Bank Details
Bank Name : ICICI Bank (112405500156)
A/c No. : 112405500156
Branch & IFS Code: Tolichowki & ICIC0001124

Customer's Seal and Signature _____ for SAP MEDICALS PVT. LTD. (2023-2024)
Authorised Signatory _____



This is a Computer Generated Invoice

A-50
B-50