

# STAR MEDICOSE

Pharmaceutical Distributors

E-5, GROUND FLOOR, UDYOG NAGAR  
ROHTAK ROAD, NANGLOI JAT  
DELHI-110041  
Phone : 9811280126,9311280126

## GST TAX INVOICE

DL.No. : DL-NGJ-129782/DL-NGJ-129783,20B&21B

GSTIN : 07ACFPJ1762M1ZF

PAN : ACFPJ1762M

**M/s DCDC HEALTH SERVICES PVT. LTD.**

C-185, MAYAPURI IND. AREA, PH.-2

MAYAPURI State : 07

NEW DELHI

8506056008

D.L.No. : CIN - U85190DL2014PTC2

GSTIN :

PAN :

Invoice No. : **A000353**

Date : 12-12-2023

Order No. : 24458-2

Date : 07-12-2023

L.R. No. :

Date : 12-12-2023

Dispatch Through : DL 1LAG 5658

Transport :

Dispatch Document No. :  
CH.No.

CH.Date

S.	Product	Make	Pkg.	Batch	Exp.	Case	Qty.	HSNCODE	M.R.P.	Rate	GST	Amount
1	25D	ABARIS	100 ML	A2935006	2/26	2.00						
2	NS 100 ML	ABARIS	100 ML	A2435031	10/26	5.00	200	30045020	22.40	13.75	12.00	2750.00
3	NS 1000 ML	ABARIS	1000 ML	A3733226	8/26	20.00	500	30045020	22.03	12.65	12.00	6325.00
4	NS 500 ML	ABARIS	500 ML	A3731261	9/26	20.00	240	30045020	65.25	27.95	12.00	6708.00
							560	30045020	39.04	18.65	12.00	10444.00
						47	1500					

**DELIVERY :** PO:-12-122023-24458-2  
TARAK HOSPITAL

**SUB TOTAL 26227.00**

SGST 6 % 1573.62

CGST 6 % 1573.62

Roundoff 0.24

**GRAND TOTAL 29374.00**

Rs. Twenty Nine Thousand Three Hundred Seventy Four Only

### Terms & Conditions

Goods once sold will not be taken back or exchanged.  
Bills not paid due date will attract 24% interest.  
All disputes subject to Jurisdiction only.  
Prescribed Sales Tax declaration will be given.  
Certified that the particulars given above are true and correct  
and the amount indicated represents the price actually charged.  
E.&O.E.

Checked By \_\_\_\_\_

**For STAR MEDICOSE**



**Authorised signatory**

Stock/No. of Boxes Received 47 Box  
Subject to Physical Check  
Name/Employee Code Shardul K. 1074  
Centre Name Tarak Hospital  
Date/Time 12/12/23 2:00 Pm

### BANK DETAILS :-

STATE BANK OF INDIA  
A/C No. : 33998442064, BRANCH : MIANWALI NAGAR  
IFSC CODE : SBIN0016202