

# 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.: **A000246**

Date : 23-09-2023

Order No. : 23641

Date : 06-09-2023

L.R. No. :

Date : 23-09-2023

Dispatch Through : DL 1LAG 5658

Transport :

Dispatch Document No. :

CH.No.

CH.Date

S.	Product	Make	Pkg.	Batch	Exp.	Case	Qty.	HSN CODE	M.R.P.	Rate	GST	Amount
1	NS 1000 ML	ABARIS	1000 ML	A3733203	7/26	10.00	120	30045020	65.25	27.95	12.00	3354.00
						10	120					

Stock/No. of Boxes Received ..... 10 Box  
Subject to Physical Check .....  
Name/Employee Code ..... Tarveen kr  
Centre Name ..... Tarak Hospital  
Date/Time ..... 27.9.23  
Signature .....  
M. No. 8929037740

Stock/No. of Boxes Received ..... yes  
Subject to Physical Check .....  
Name/Employee Code ..... Dr. Divya  
Centre Name ..... Bhagat chand hospital  
Date/Time ..... 23/9/23, 2:00 pm  
Signature .....  
M. No. 8506056008

DELIVERY : PO:-12-092023-23641  
TARAK HOAPITAL

SUB TOTAL 3354.00

SGST 6 % 201.24

CGST 6 % 201.24

Roundoff 0.48

GRAND TOTAL 3756.00

Rs. Three Thousand Seven Hundred Fifty Six 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

New Delhi

Authorised signatory



### BANK DETAILS :-

STATE BANK OF INDIA

A/C No. : 33998442064, BRANCH : MIANWALI NAGAR

IFSC CODE : SBIN0016202