

**SAHU SALES**

(H.D. Dal-Patti Jharia) Sahyogi Nagar Sec-III,  
Near Raja Talab, P.O. & Dist. Dhanbad-826127  
e-mail : sahunaleiharia@gmail.com

GSTIN : 20AWKFS7825R1ZM

Phone : 9006257189

D.L. No. : JH-DH-140812 - JH-DH-140813

**TAX INVOICE**

**DCDC HEALTH SERVICES PVT.LTD.**

Number : 556/00226/24-25

SADAR HOSPITAL BOKARO ROOM NO

Date : 09/07/2024 Desp.Dt:09/07/2024

208 CAMP NO-2 NEAR DC OFFICE

Due on : 09/07/2024

NEW DELHI, SADAR HOSPITAL

Order No. : 31-072024-26670

State : DELHI (07)

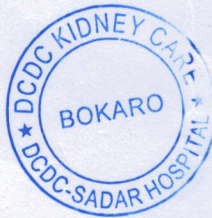
Date : 04/07/2024

GSTIN : 07AAFCD0204K1Z1

D.L. No. : SADAR HOSPITAL

Description of Goods HSN Code Packing	Batch No.	ExpDt	M.R.P. Bonus	Disc%	IGST%	Qty	Rate	Amount
AQUALIVE-MS-1LITRE I 30047099 1000 ML ZEE LABOR (1)24519		04/26	65.25		12.00	480	31.50	15120.00
AQUALIVE-MS-1LITRE I 30047099 1000 ML ZEE LABOR (1)24520		04/26	65.25		12.00	120	31.50	3780.00

Stock/No. of Boxes Received ..... 50  
 Subject to Physical Check .....  
 Name/Employee Code ..... 146  
 Centre Name ..... BOKARO  
 Date/Time ..... 9/7/24 4 PM  
 Signature .....  
 M. No. ..... 850600028



Total No. of Items : 2  
 TWENTY-ONE THOUSAND ONE HUNDRED SIXTY-EIGHT ONLY

BASIC AMOUNT == >> 18900.00  
 IGST 2268.00

We hereby certify that the goods supplied under the Bill do not contravene in any way the provisions of Section 18 of Drug Act, 1940. Subject to jurisdiction.

For Sahu Sales  
*[Signature]*  
 Proprietor

BILL AMOUNT == >> 21168.00

Note :  
 (1) Payment of this bill must be made within \_\_\_ days otherwise interest @24% PA will be charged on over due balance.  
 (2) All payments to be made by crossed Cheque/Demand Draft favouring ourselves drawn on any Nationalised Bank.

Prepared By

For SAHU SALES  
*[Signature]*  
 Authorized Signator