

Tax Invoice

Printed on 17-Oct-24 at 17:03
(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : 134efd88efc4da9e820479596263651299dd6-9d2a0e3f01459ed511710cccae3
Ack No. : 112422276841130
Ack Date : 17-Oct-24

<p>SAP MEDICALS PVT. LTD. (2023-2024) D.No.9-4-86/194,Salarjung Colony,Tolichowki, Hyderabad Dist, Tolichowki(V), Mehdiapatnam(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>	<p>Invoice No. SAP/1975/2024-25</p>	<p>Dated 17-Oct-24</p>
	<p>Delivery Note</p>	<p>Mode/Terms of Payment 90 Days</p>
<p>Reference No. & Date.</p>	<p>Buyer's Order No. 135-102024-27776</p>	<p>Dated 4-Oct-24</p>
<p>Dispatch Doc No.</p>	<p>Dispatched through</p>	<p>Delivery Note Date Kothagudem</p>
<p>Terms of Delivery</p>	<p>Destination</p>	

Consignee (Ship to)
DCDC Kidney Care
DCDC Health Services Pvt.Ltd.
GGH Kothagudem
Govt Area Hospital, Gajularajam Bhasthi,
Bhadradri, Kothagudem-507101
Contact No.8317544638
GSTIN/UIN : 07AAFCD0204K1Z1
State Name : Delhi, Code : 07

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

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	50 Pkts	800.00		40,000.00
2	Oasis Dry Citrate Dialysate Part B - 50 Ltrs Mix	62103090	Oasis	2410B001	1-Oct-24	31-Oct-26	100 Pkts			40,000.00
	IGST									4,800.00
Total							150 Pkts			₹ 44,800.00

No. of Boxes Received 50
Subject to Physical Check
Name/Employee Code B. Krishna
Centre Name : Kothagudem
Date/Time 19/10/24
Signature [Signature] M.No.....

Amount Chargeable (in words) **INR Forty Four Thousand Eight Hundred Only** E. & O.E

Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
40,000.00	12%	4,800.00	4,800.00
Total: 40,000.00		4,800.00	4,800.00

Tax Amount (in words) : **INR Four Thousand Eight Hundred Only**
Company's PAN : **AAMCS4547H**

- Declaration
- DL No.536/HD1/AP/2009.
 - We here certify that the goods supplied against this invoice do not contravene section (18) of Drug, Act 1940.
 - Subject to Hyderabad Jurisdiction only.
 - Interest @24% PA will be charged after credit period.
 - Receive the above mentioned materials in good order & Condition
 - 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)
Authorized Signatory [Signature]

This is a Computer Generated Invoice

A-25
B-25

