

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

**Goodwill Diagnostics**  
 Property No:-14, S.F., Industrial Area  
 Najafgarh Road, Tilak Nagar, New Delhi-110018  
 9643008035, 9643001224, 9643001225, 9643001230  
 DL No.:- DL-TLN-120177 (20B) / 120178 (21B)  
 GSTIN/UIN: 07AAMFG6381N1ZP  
 State Name : Delhi, Code : 07  
 E-Mail : goodwillagnostics@yahoo.com

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 Nephrology Kidney Care & Dialysis, Center, H/2  
 Hauz Khas Delhi Land Mark, Near Masjid,  
 110016, Contact No : 1141009286  
 State Name : Delhi, Code : 07  
 Contact person : Tel: 8506056008  
 Contact : Tel: 8506056008

Buyer (Bill to)  
**DCDC Health Service Pvt. Ltd.**  
 C-185, 1st Floor, Mayapuri Industrial Area  
 Phase - II, Mayapuri, New Delhi-110064, Tel: 8506056008  
 State Name : Delhi, Code : 07  
 Contact person : Tel: 8506056008  
 Contact : Tel: 8506056008

Invoice No. <b>GD/006254/23-24</b>	Dated <b>12-Oct-23</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>2-082023-23473</b>	Dated <b>7-Aug-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	<b>BM Hepacard</b> Batch : HPC082342 Expiry : 31-Jan-26 Rate of Duty: 5%	30021290	5 %	<b>100 TEST</b> 100 TEST	11.50	TEST		<b>1,150.00</b>
2	<b>BM HCV Tri-Dot (100 Test)(12%)</b> Batch : HCD0823240 Expiry : 30-Jul-25 Rate of Duty: 12%	38221990	12 %	<b>1 KIT</b> (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT		<b>5,425.00</b>
3	<b>BM HIV Tri-Dot (100 T)</b> Batch : HTD082354 Expiry : 30-Jul-25 Rate of Duty: 5%	30021290	5 %	<b>1 KIT</b> (100 TEST) 1 KIT (100 TEST)	5,325.00	KIT		<b>5,325.00</b>
								<b>11,900.00</b>
								<b>161.88</b>
								<b>161.88</b>
								<b>325.50</b>
								<b>325.50</b>
								<b>0.24</b>
<b>Total</b>				<b>300 TEST</b>				<b>₹ 12,875.00</b>

CGST@2.5%  
 SGST@2.5%  
 CGST@6%  
 SGST@6%  
 Rounded Off

Stock/No. of Boxes Received **3 boxes**  
 Subject to Physical Check  
 Name/Employee Code **DCO2459**  
 Centre Name **Nephrology**  
 Date/Time **3:40pm 12-10-23**  
 Signature **[Signature]** M. No. **880017928**

Amount Chargeable (in words) **INR Twelve Thousand Eight Hundred Seventy Five Only** E. & O.E


HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
30021290	6,475.00	2.50%	161.88	2.50%	161.88	323.76
38221990	5,425.00	6%	325.50	6%	325.50	651.00
<b>Total</b>	<b>11,900.00</b>		<b>487.38</b>		<b>487.38</b>	<b>974.76</b>

Tax Amount (in words) : **INR Nine Hundred Seventy Four and Seventy Six paise Only**

Company's Bank Details  
 A/c Holder's Name : **Goodwill Diagnostics**  
 Bank Name : **Punjab National Bank (CC)**  
 A/c No. : **0627008700408974**  
 Branch & IFS Code : **Naraina Vihar & PUNB0062700**

Remarks:  
 SID (HAUZKHAS - NEPHROLOGY KIDNEY CARE)  
 Company's PAN : **AAMFG6381N**

Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

  
 For Goodwill Diagnostics  
 Authorised Signatory