

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

GST TAX INVOICE

DL-NGJ-129782/DL-NGJ-129783,20B&21B GSTIN : 07ACFPJ1762M1ZF PAN : ACFPJ1762M

DCDC HEALTH SERVICES PVT. LTD.
 5, MAYAPURI IND. AREA, PH.-2
 MAYAPURI State : 07
 DELHI
 110008
 CIN - U85190DL2014PTC2
 PAN: _____

Invoice No.: **A000440** Date : 12-02-2024
 Order No. : 25167 Date : 08-02-2024
 L.R. No. : Date : 12-02-2024
 Dispatch Through : DL 1LAC 8757
 Transport : _____

Dispatch Document No. : _____
 CH.No. _____ CH Date _____

Product	Make	Pkg.	Batch	Exp.	Case	Qty.	HSNCODE	M.R.P.	Rate	GST	Amount
5 1000 ML	ABARIS	1000 ML	A3733219	8/26	4.00	48	30045020	65.25	27.95	12.00	1341.60
5 1000 ML	ABARIS	1000 ML	A3733255	9/26	36.00	432	30045020	65.25	27.95	12.00	12074.40
5 500 ML	ABARIS	500 ML	A3731310	11/26	20.00	560	30045020	39.04	18.65	12.00	10444.00
					60	1040					

Stock/No. of Boxes Received _____
 Subject to Physical Check _____
 Name/Employee Code _____
 Centre Name **BHAGAT CHANDRA HOSPITAL**
 Date/Time **12/02/24 2:35 P.M.**
 Signature _____
 M. No. **995809406**

DELIVERY : **PO:-9-022024-25167**
 BHAGAT CHANDRA HOSPITAL, PALAM DABRI
 NEAR DWARKA AIRPORT

SUB TOTAL **23860.00**
 SGST 6 % 1431.60
 CGST 6 % 1431.60
 Roundoff 0.20
GRAND TOTAL **26723.00**

Twenty Six Thousand Seven Hundred Twenty Three Only

Terms & Conditions
 Goods once sold will not be taken back or exchanged.
 Interest not paid due date will attract 24% interest.
 Disputes subject to Jurisdiction only.
 Required 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.
 O.E.

Checked By _____

For STAR MEDICOSE

 New Delhi
Authorised signatory

BANK DETAILS :-
 STATE BANK OF INDIA
 No. : 33998442064, BRANCH : MIANWALI NAGAR
 CODE : SBIN0016202