

Tax Invoice Cum Delivery Challan

 ARIVATION HEALTHCARE PRIVATE LIMITED Site Office: 16/24 Dr. Suresh Chandra Banerjee Road KOLKATA Kolkata WB KOLKATA-700010 GSTIN/UIN: 19AASCA6131H1ZF State Name : West Bengal, Code : 19 Contact : 6289556902,9836667979 E-Mail : arivationhealthcare@gmail.com www.arivation.com	Invoice No. AHPL/2324/033	Dated 12-May-2023	
	Delivery Note	Mode/Terms of Payment 30 DAYS	
	Supplier's Ref. AHPL/2324/033	Other Reference(s)	
	Buyer's Order No. 29-052023-22645-1	Dated 9-May-2023	
	Despatch Document No.	Delivery Note Date	
	Despatched through SAFEXPRESS	Destination HIMACHAL PRADESH	
Terms of Delivery			

Consignee
DCDC Health Service Pvt. Ltd.
 Regional Hospital Bilaspur-Dialysis Unit (G Floor), REGIONAL HOSPITAL EXCISE COLONY, Bilaspur- HP - 174001, Contact No : 7018470530
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07

Buyer (if other than consignee)
DCDC Health Service Pvt. Ltd.
 C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07
 Place of Supply : Delhi

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2) Batch : DC2324028 Expiry: 30-Apr-2025 Arisol	30049032	40 Pcs 40 Pcs	169.00	Pcs		6,760.00
2	DRY CITRATE 10 LTR K + FREE(PARTA+PARTB-1:2) Batch : DC2324058 Expiry: 30-Apr-2025 Arisol	30049032	20 Pcs 20 Pcs	169.00	Pcs		3,380.00
Igst Output Round Off							10,140.00
							1,216.80
							0.20
Total			60 Pcs				₹ 11,357.00

Stock/No. of Boxes Received **13 Box**
 Subject to Physical Check
 Name/Employee Code **Sachin DC00300**
 Centre Name **RH Bilaspur**
 Date/Time **12/5/23 12:30 Pm**
 Signature **[Signature]** M. No. **7018470530**

Amount Chargeable (in words) **Indian Rupees Eleven Thousand Three Hundred Fifty Seven Only** E. & O.E


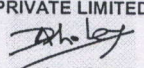
Taxable Value	Rate	Integrated Tax Amount	Total Tax Amount
10,140.00	12%	1,216.80	1,216.80
Total: 10,140.00		1,216.80	1,216.80

Tax Amount (in words) : **Indian Rupees One Thousand Two Hundred Sixteen and Eighty paise Only**

Declaration
 DL No: WB/KOL/NBO/W/320645 & WB/KOL/BO/W/320645
 MSME UAM No. WB10D0023343
 Interest @24% PA will be charged after credit period
 Goods once sold will not be taken back or exchanged

Company's Bank Details
 Bank Name : **Union Bank of India**
 A/c No. : **015225010000001**
 Branch & IFS Code : **Dharmatolla Branch & UBIN0901521**

Customer's Seal and Signature for ARIVATION HEALTHCARE PRIVATE LIMITED



 Authorized Signatory