

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

GOODWILL DIAGNOSTICS

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 : goodwilldiagnostics@yahoo.com

Consignee (Ship to)

DCDC Health Service Pvt. Ltd.
 DISTRICT HOSPITAL LAKHIMPUR KHIRI,
 NEAR T.B WARD HOSPITAL ROAD, DIST
 POLICE LINE, LAKHIMPUR UTTAR PRADESH
 - 262701, CONTACT NO. - 6393323652
 State Name : Uttar Pradesh, Code : 09
 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 GD/005854/22-23	Dated 7-Nov-22
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 87-102022-20470-9	Dated 14-Oct-22
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	BM HCV Tri-Dot (100 Test)(12%) Batch : Hcd102243 Expiry : 30-Sep-24 Rate of Duty : 12%	38221990	12 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT		5,425.00
2	BM HIV Tri-Dot (100 T) Batch : Htd102268 Expiry : 30-Sep-24 Rate of Duty : 5%	30021290	5 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,325.00	KIT		5,325.00
3	BM Hepacard Batch : HPC102243 Expiry : 31-Mar-25 Rate of Duty : 5%	30021290	5 %	100 TEST 100 TEST	11.50	TEST		1,150.00
								11,900.00
					CGST@2.5%	2.50 %		161.88
					SGST@2.5%	2.50 %		161.88
					CGST@6%	6 %		325.50
					SGST@6%	6 %		325.50
					Rounded Off			0.24
		Total		300 TEST				₹ 12,875.00

Amount Chargeable (in words)

INR Twelve Thousand Eight Hundred Seventy Five Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
38221990	5,425.00	6%	325.50	6%	325.50	651.00
30021290	6,475.00	2.50%	161.88	2.50%	161.88	323.76
Total	11,900.00		487.38		487.38	974.76

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

Remarks:

SID (LAKHIMPUR)

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.

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**

for Goodwill Diagnostics

Authorised Signatory

This is a Computer Generated Invoice

DCDCHSPL CENTRE-LAKHIMPUR KHIRI
MATERIAL RECEIVED

DATE... 14/11/22

TIME... 1:50 pm... RECEIVED BY... *[Signature]*

