

**TAX INVOICE**

(DUPLICATE FOR TRANSPORTER)

**Gautam Healthcare Private Limited**  
 First Floor, Cycle Mkt,  
 Jhandewalan Extension,  
 New Delhi-110 055  
 911116228  
 AAECG9710C  
 DL Number-DL-MTM-145471 DT 22.06.2021  
 GSTIN/UIN: 07AAECG9710C1ZV  
 State Name : Delhi, Code : 07  
 CIN: U85100DL2011PTC227049  
 E-Mail : vivek@gautamhealthcare.com  
 Consignee (Ship to)

**DCDC Health Services Private Limited**  
 TH Hangal  
 HANAGAL TALUKA GOVT HOSPITAL  
 ,Dialysis unit, 581104  
 Contact No : 9113647411  
 State Name : Karnataka, Code : 29  
 Buyer (Bill to)

**DCDC Health Services Private Limited**  
 C-185, Maypuri Industrial Area  
 Phase-II  
 Mayapuri  
 New Delhi-110064  
 State Name : Delhi, Code : 07

|  |  |
|--|--|
| Invoice No.<br><b>GST/24-25/238</b>          | Dated<br><b>21-May-24</b>              |
| Delivery Note                                | Mode/Terms of Payment<br><b>1 Days</b> |
| Reference No. & Date.                        | Other References                       |
| Buyer's Order No.<br><b>158-052024-26069</b> | Dated<br><b>21-May-24</b>              |
| Dispatch Doc No.                             | Delivery Note Date                     |
| Dispatched through                           | Destination                            |
| Terms of Delivery                            |  |

| SI No.       | Description of Goods  | HSN/SAC  | Quantity           | Rate | per | Amount                      |
|--------------|---|----------|--------------------|------|-----|-----------------------------|
| 1            | <b>Transducer Protector</b><br>Batch : D34E0000A<br>Expiry: 31-Mar-27 | 90189031 | 200 pcs<br>200 pcs | 6.00 | pcs | 1,200.00                    |
|              |   |          |                    |      |     | <b>CGST</b><br><b>72.00</b> |
|              |   |          |                    |      |     | <b>SGST</b><br><b>72.00</b> |
| <b>Total</b> |   |          | <b>200 pcs</b>     |      |     | <b>1,344.00 ₹</b>           |

Stock/No. of Boxes Received ..... 01 .....  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name ..... J. H. Hangal .....  
 Date/Time ..... 25.05.2024 .....  
 Signature ..... [Signature] ..... M. No.....

Amount Chargeable (in words) : **One Thousand Three Hundred Forty Four INR Only**

| HSN/SAC      | Taxable Value | CGST |              | SGST/UTGST |              | Total Tax Amount |
|--------------|---------------|------|--------------|------------|--------------|------------------|
|              |               | Rate | Amount       | Rate       | Amount       |                  |
| 90189031     | 1,200.00      | 6%   | 72.00        | 6%         | 72.00        | 144.00           |
| <b>Total</b> |               |      | <b>72.00</b> |            | <b>72.00</b> | <b>144.00</b>    |

Tax Amount (in words) : **One Hundred Forty Four INR Only**

Company's PAN : **AAECG9710C**

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  
 Bank Name : **Axis Bank Limited**  
 A/c No. : **917020076226068**  
 Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**  
 for Gautam Healthcare Private Limited

Authorised Signatory