

LR: 261048761	
WB: 16179210760874	
Box count: DDC	
Client: SAEXPRESS B2BC	
LM Pincode: 221005	OID: 24-26/134
 16179210760900	

**TAX INVOICE** *LD-261048761* (ORIGINAL FOR RECIPIENT)

Invoice No.	Dated
<b>GST/24-25/134</b>	<b>14-May-24</b>
Delivery Note	Mode/Terms of Payment
	<b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No.	Dated
<b>109-052024-26038</b>	<b>4-May-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	
<b>3 BOX</b>	

Mayapuri  
New Delhi-110064  
State Name : Delhi, Code : 07

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Set for Haemodialysis Curum (Post Pump)</b> <i>Batch : 24040022</i> <i>Expiry : 31-Jan-28</i>	90189099	<b>75 pcs</b> 75 pcs	100.00	pcs	<b>7,500.00</b>
	<b>CGST</b>					<b>450.00</b>
	<b>SGST</b>					<b>450.00</b>
<b>Total</b>			<b>75 pcs</b>			<b>8,400.00 ₹</b>

Stock/No. of Boxes Received ..... *3 box*  
 Subject to Physical Check  
 Name/Employee Code ..... *Maya / D.C.0135*  
 Centre Name ..... *Med Hospital*  
 Date/Time ..... *18.5.24 3:43 PM*  
 Signature ..... *[Signature]* M. No. .... *8595955960*

Amount Chargeable (in words)  
**Eight Thousand Four Hundred INR Only**

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189099	7,500.00	6%	450.00	6%	450.00	900.00
<b>Total</b>	<b>7,500.00</b>		<b>450.00</b>		<b>450.00</b>	<b>900.00</b>

Tax Amount (in words) : **Nine Hundred INR Only**

Company's Bank Details  
 A/c Holder's Name: **Gautam Healthcare Private Limited**  
 Bank Name : **Axis Bank Limited**  
 A/c No. : **917020076226068**  
 Branch & IFS Code: **Jhadowalan Extension & UTIB0000738**  
 for Gautam Healthcare Private Limited

Company's PAN : **AAECG9710C**  
 Declaration  
 We declare that this invoice shows the actual price of the