

Tax Invoice

(ORIGINAL FOR RECIPIENT)



DICKON SALES - (from 1-Apr-22)
 D-12, TAGORE GARDEN EXTN.
 NEW DELHI - 110027
 GSTIN/UIN: 07AQEPA4884G3ZU
 State Name : Delhi, Code : 07

Invoice No.
DS/2022-23/873
 Delivery Note

Dated
30-Dec-22
 Mode/Terms of Payment

Reference No. & Date.
DS/2022-23/873 dt. 30-Dec-22
 Buyer's Order No.
58-122022-21100-8
 Dispatch Doc No.

Other References
 Dated
30-Dec-22
 Delivery Note Date

Dispatched through

Destination

Terms of Delivery

Bill to

IC HEALTH SERVICES - INTERSTATE
 DISTRICT HOSPITAL PRAYAGRAJ, MOTI LAL
 RU HOSPITAL(COLVIN HOSPITAL), 14,
 TOR KN KATJU ROAD, NAKASH KOHNA,
 RABAD PRAYAGRAJ -211003, PH:- 8506000535
 Name : Uttar Pradesh, Code : 09

23. The goods are booked at Owner's Risk. The Company shall not be liable for any loss or damage due to pilferage theft, weather conditions, strikes, riots, disturbances, fire explosion of accident provided however demurrage. The consignee or consignee or other holder of the receipt.

Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
LACK GARBAGE BAG LARGE	3923	10.00 KGS	125.00	KGS	1,250.00
ED GARBAGE BAG LARGE	3923	10.00 KGS	125.00	KGS	1,250.00
GARBAGE BAG RED SMALL	3923	10.00 KGS	125.00	KGS	1,250.00
ELLOW GARBAGE BAG LARGE	3923	10.00 KGS	125.00	KGS	1,250.00
					5,000.00
				18 %	900.00
IGST @ 18%					

Total **40.00 KGS** ₹ **5,900.00**
 E. & O.E

Amount Chargeable (in words)
Five Thousand Nine Hundred Only

Taxable Value	Integrated Tax Rate	Integrated Tax Amount	Total Tax Amount
5,000.00	18%	900.00	900.00
Total:		900.00	900.00

DGDCHSPL CENTRE DISTRICT HOSPITAL PRAYAGRAJ
MATERIAL RECEIVED
 DATE 03/01/23
 TIME 2 PM RECEIVED BY [Signature]

DGDCHSPL CENTRE DISTRICT HOSPITAL PRAYAGRAJ
MATERIAL RECEIVED
 DATE 03/01/23
 TIME 2 PM RECEIVED BY [Signature]

Company's PAN : **AQEPA4884G**

for **DICKON SALES - (from 1-Apr-22)**

I declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorised Signatory

This is a Computer Generated Invoice

DGDCHSPL CENTRE DISTRICT HOSPITAL PRAYAGRAJ
MATERIAL RECEIVED
 DATE.....
 TIME..... RECEIVED BY.....