

**"GST INVOICE"**

ODA

Original for Buyer

**ALFA MEDI AIDS**  
G-6,7,8 & 9, AMBER TOWER,  
AZADPUR,  
NEW DELHI-110033

GSTIN : 07AAJPK1035A1ZD  
D.L.NO.:20B/128765,21B/128767,20D/128766  
Phone : 9811164972  
E-Mail : alfamediaids@gmail.com  
SALESMAN : 007-DCDC(O/S)

**Bill To :** ,DCDC HEALTH SERVICE P.LTD-MAYAPURI/2  
C-185,1st FLOOR,MAYAPURI PHASE-2  
NEW DELHI-64 State : 07  
  
PHONE : 011-45581006,8506003126  
GSTIN :07AAFCD0204K1Z1 STATE :07-DELHI  
DL.NO.:

**Invoice No. :** AM/0539 **Date :** 08-12-2023  
**P.O.No. :** 93-112023-24237  
**P.O.Date :** 06-11-2023 **Date :**  
**Challan No. :** **Date :**  
**E-WAYBILL :**  
**Delivery :** DCDC-DIALYSIS **Vehicle No. :**

**Ship To :**  
**DCDC @ MAHATMA GANDHI INS.OF MED.SCIENCE-HISA**  
ITI CHOWK,BEHIND HARI PLACE,TOSHAM ROAD  
HISAR-125001,HARYANA STATE: 06-HARYANA  
PHONE :  
GSTIN : DL.NO.: DCDC:8506000594

**GR.NO. :**  
**GR.DATE :** 08-12-2023 **CASES :** 2  
**Transport:**  
**Payment Due Date.:** 08-12-2023

S.	Product	Pack	Batch	Exp.	Qty.	HSN	M.R.P.	Rate	Dis1	Dis2	GST%	Amount
1	DEXLAB HYPOCHLORITE(10%)JAR	5*LTR	H10/1023	9/25	8	28289019	975.00	230.00	0.00	0.00	18.00	1840.00
2	Add FREIGHT & FWD CHARGE(18%)				-	996812	0.00	1320.00	0.00	0.00	18.00	1320.00

Stocking of Boxes Received ..... 8 Cars.  
Subject to Physical Check  
Name/Employee Code ..... Rawan DC02145  
Centre Name ..... M.G.M.S. HISAR  
Date/Time ..... 13/12/23 ..... 2:30 PM  
Signature ..... M. No. 86072  
28556

GST 3160\*9+9%=284.4SGST+284.4CGST,

CLASS	TOTAL	SCH.	DISC.	DISC2	SGST	CGST	TOTAL GST	TOTAL	3160.00
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	DIS AMT.	0.00
GST 12.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	SGST PAYBLE	284.40
GST 18.00%	3160.00	0.00	0.00	0.00	284.40	284.40	568.80	CGST PAYBLE	284.40
GST 28.00 %	0.00	0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE	0.00
IGST FREE%	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
<b>TOTAL</b>	<b>3160.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>284.40</b>	<b>284.40</b>	<b>568.80</b>	<b>GRAND TOTAL</b>	<b>3729.00</b>

Rs. Three Thousand Seven Hundred Twenty Nine Only

**Terms & Conditions**

- NOTE:-Please Remit proceeds by means of RTGS/CH./DD IN Favour of ALFA MEDI AIDS
- A/C No.-02105011000334 with PUNJAB NATIONAL BANK,Branch DELHI,IFS Code PUN0184500
- All disputes subject to DELHI Jurisdiction only.
- 2.Bills not paid due date will attract 24% interest.
- 3.Warranty applicable as offered by the manufacturer only.

**For ALFA MEDI AIDS**



**Authorised signatory**