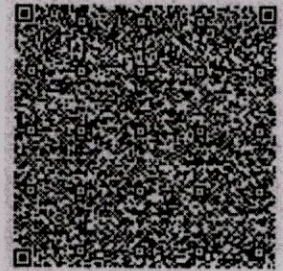


Tax Invoice Cum Delivery Challan

e-Invoice



IRN : 98ee4e5fb449092a29d171c61210a9dcda77d015e919c8c-9764804884a0af6dd  
 Ack No. : 182415958730665  
 Ack Date : 11-Apr-24

<p><b>ARIVATION HEALTHCARE PRIVATE LIMITED</b>                  Site Office: 16/24 Dr. Suresh Chandra Banerjee Road                  KOLKATA Kolkata WB                  KOLKATA-700010                  GSTIN/UIN: 19AASCA6131H1ZF                  State Name : West Bengal, Code : 19                  Contact : 6289556902,9836667979                  E-Mail : arivationhealthcare@gmail.com</p>	Invoice No.	Dated
	<b>AHPL/2425/040</b>	<b>11-Apr-24</b>
	Delivery Note	Mode/Terms of Payment
		<b>30 DAYS</b>
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	<b>131-042024-25943-1</b>	<b>10-Apr-24</b>
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	<b>SAFEXPRESS</b>	<b>KHARSIA</b>
	Vessel/Flight No.	Place of receipt by shipper:
	City/Port of Loading	City/Port of Discharge
	Terms of Delivery	

**Consignee (Ship to)**  
**DCDC Health Service Pvt. Ltd.**  
 Civil Hospital Kharsia, Hospital Road, Kharsia, Dist.: Raigarh, Chhattisgarh-496661, Contact No : 9131223556  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Chhattisgarh, Code : 22

**Buyer (Bill to)**  
**DCDC Health Service Pvt. Ltd.**  
 C-185, Mayapuri Industrial Area phase- 2, Mayapuri, New Delhi-110064  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Delhi, Code : 07  
 Place of Supply : Delhi

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	<b>DRY CITRATE 10 LTR K + FREE(PART A +PARTB-1:2)</b> Batch : DC2324360 Expiry : 31-Dec-25	30049032	12 %	<b>20 Pcs</b> 20 Pcs	169.00	Pcs		<b>3,380.00</b>
	<b>Igst Output</b>							<b>405.60</b>
<b>Total</b>				<b>20 Pcs</b>				<b>₹ 3,785.60</b>



Block No. of boxes received  
 Subject to Physical Check  
 Name/Employee Code  
 Centre Name  
 Date/Time  
 Signature  
 M. No. 9131223556

Amount Chargeable (in words) **Indian Rupees Three Thousand Seven Hundred Eighty Five and Sixty paise Only** E. & O.E

**Declaration**  
 DL No: WB/KOL/NBO/W/320645 & WB/KOL/BO/W/320645  
 MSME UAM No. WB10D0023343  
 Interest @24% PA will be charged after credit period  
 Goods once sold will not be taken back or exchanged

**Company's Bank Details**  
 A/c Holder's Name : ARIVATION HEALTHCARE PRIVATE LIMITED  
 Bank Name : Union Bank of India  
 A/c No. : 015225010000001  
 Branch & IFS Code : Dharmatolla Branch & UBIN0530131  
 SWIFT Code : UBININBBOCL

for ARIVATION HEALTHCARE PRIVATE LIMITED  
  
 Authorised Signatory *Bhale T*