

**TAX INVOICE**

(DUPLICATE FOR TRANSPORTER)

**Gautam Healthcare Private Limited**

248, First Floor, Cycle Mkt,  
Jhandewalan Extension,  
New Delhi-110 055  
981116228  
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 Savanur  
Government general hospital ,  
Lakshar Bazar, Savanur,  
Karnataka, 581118  
Contact No : 9113647411  
State Name : Karnataka, Code : 29

**DCDC Health Services Private Limited**

C-185, Maypuri Industrial Area  
Phase-II  
Mayapuri  
New Delhi-110064  
State Name : Delhi, Code : 07

Invoice No.	Dated
GST/24-25/795	5-Sep-24
Delivery Note	Mode/Terms of Payment
	30 Days
Reference No. & Date.	Other References
Buyer's Order No.	Dated
194-092024-27367	4-Sep-24
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>AVF2516LF01E Vital 16G</b> Batch : 2402150299 Expiry : 30-Jul-27	90183990	500 pcs	11.50	pcs	5,750.00
						CGST 345.00
						SGST 345.00
<b>Total</b>						<b>6,440.00 ₹</b>



Stock/No. of Boxes Received ..... 01 Box  
Subject to Physical Check  
Name/Employee Code ..... 2603603  
Centre Name ..... Savanur Unit  
Date/Time ..... 09/09/24  
Signature ..... M. No.

Amount Chargeable (in words)

**Six Thousand Four Hundred Forty INR Only**

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	5,750.00	6%	345.00	6%	345.00	690.00
<b>Total</b>	<b>5,750.00</b>		<b>345.00</b>		<b>345.00</b>	<b>690.00</b>

Tax Amount (in words) : **Six Hundred Ninety 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  
Subject to Physical Check for Gautam Healthcare Private Limited  
Name/Employee Code .....  
Centre Name .....  
Date/Time .....  
Authorized Signatory