

Tax Invoice Cum Delivery Challan

 <p>ARIVATION HEALTHCARE PRIVATE LIMITED 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 www.arivation.com</p>	Invoice No. AHPL/2324/129	Dated 8-Jul-23
	Delivery Note	Mode/Terms of Payment 30 DAYS
Consignee (Ship to) DCDC Health Service Pvt. Ltd. Civil Hospital Fatehabad, Dialysis Unit, Ground Floor, near Bus Stand, Model Town Fatehabad, 125050, Contact No : 8929067527 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Haryana, Code : 06	Reference No. & Date.	Other References
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	Buyer's Order No. 71-062023-22991-1	Dated 27-Jun-23
	Dispatch Doc No.	Delivery Note Date
	Dispatched through SAFEXPRESS	Destination FATEHABAD
	Bill of Lading/LR-RR No. dt. 8-Jul-23	Motor Vehicle No.
	Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	DRY CITRATE 10 LTR WITH DEXTROSE(PARTA+PARTB-1:2) Batch : DC2324150 Expiry: 31-Jul-25	30049032	200 Pcs 200 Pcs	169.00	Pcs		33,800.00
2	DRY CITRATE 10 LTR K + FREE(PARTA+PARTB-1:2) Batch : DC2324151 Expiry: 31-Jul-25	30049032	20 Pcs 20 Pcs	169.00	Pcs		3,380.00
	Igst Output						37,180.00
							4,461.60
	Total		220 Pcs				₹ 41,641.60

Stock/No. of Boxes Received **49**
 Subject to Physical Check
 Name/Employee Code **RUBAL DC01816**
 Centre Name **FATEHABAD**
 Date/Time **19.7.23 13:19**
 Signature **[Signature]** M. No. **96100 65779**

Amount Chargeable (in words) **Indian Rupees Forty One Thousand Six Hundred Forty One and Sixty paise Only** E. & O.E

Taxable Value	IGST		Total Tax Amount
	Rate	Amount	
37,180.00	12%	4,461.60	4,461.60
Total: 37,180.00		4,461.60	4,461.60

Tax Amount (in words) : **Indian Rupees Four Thousand Four Hundred Sixty One and Sixty paise Only**

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
 Bank Name : **Union Bank of India**
 A/c No. : **015225010000001**
 Branch & IFS Code : **Dharmatolla Branch & UBIN0901521**

Customer's Seal and Signature

for ARIVATION HEALTHCARE PRIVATE LIMITED

