

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

Gautam Healthcare Private Limited
 248, First Floor, Cycle Mkt,
 Jhandewalan Extension,
 New Delhi-110 055
 9811119228
 AAECG9710C
 DL Number-DL-MTM-145471 DT 22.06.2021
 GSTIN/UIN: 07AAECG9710C1ZV
 State Name : Delhi, Code : 07
 E-Mail : vivek@gautamhealthcare.com

Invoice No. GST/2223/1063	Dated 31-Mar-23
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date.	Other References
Buyer's Order No. 109-032023-21993-6	Dated 6-Mar-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Consignee (Ship to)
DCDC Health Services Private Limited
 Ford Hospital
 Samne Ghat Rd, Near BHU Trauma Center
 Balaji Nagar, Colony, 221005
 Contact No : 7071714200
 State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)
DCDC Health Services Private Limited
 C-185, Mayapuri Industrial Area
 Phase-II
 Mayapuri
 New Delhi-110064
 State Name : Delhi, Code : 07

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Heparin Sodium 25000IU/5ml Batch : HP3004 Expiry : 31-Dec-24	30049099	50 pcs 50 pcs	140.00	pcs	7,000.00
						CGST 420.00
						SGST 420.00
Total			50 pcs			7,840.00 IN₹

DCDC HSPL CENTRE-FORD HOSPITAL-VARANASI
MATERIAL RECEIVED
 DATE: 7/4/23
 TIME: 5:00pm RECEIVED BY: *Saurabh*

Amount Chargeable (in words)

Seven Thousand Eight Hundred Forty INR Only

E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
30049099	7,000.00	6%	420.00	6%	420.00	840.00
Total	7,000.00		420.00		420.00	840.00

Tax Amount (in words) : **Eight Hundred Forty 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**

for Gautam Healthcare Private Limited

(Signature)
 New Delhi
 Authorised Signatory