(ORIGINAL FOR RECIPIENT) TAX INVOICE Gautam Hann Invoice No. Dated GST/2'23/890 Jha Nex Nex ADL Nex ADL 12-Jan-23 DIDCE Delivery Note Mode/Terms of Payment 30 Days Reference No. & Date. DL N er-DL-MTM-145471 DT 22.06.2021 GSTI UIN: 07AAECG9710C1ZV State Name: Delhi, Code: 07 E-Mail: vivek@gautamhealthcare.com Other References Buyer's Order No. Dated Consignee (Ship to) 109-012023-21523-6 11-Jan-23 DCDC Health Services Private Limited Dispatch Doc No. Delivery Note Date Ford Hospital Samne Ghat Rd, Near BHU Trauma Center, Balaji Nagar, Dispatched through Destination Colony, 221005 Contact No : 7071714200 Terms of Delivery State Name : Bihar, Code : 10 Buyer (Bill to) DCDC Health Services Private Limited C-185, Maypuri Industrial Area Phase-II Mayapuri New Delhi-110064

SI lo.	Description of Goods	- 1	HSN/SAC	Quantity	Rate	per	Amount
	parin inj iP 25000iU) 2027 May-24		30019091	<b>50 pcs</b> 50 pcs	135.00	рсв	6,750.00
		: : : : : : : : : : : : : : : : : : : :					405.00 405.00

Amount Chargeable (in words)

Company's PAN

Declaration

Seven Thousand Five Hundred Sixty INR Only

HSN/SAC Taxable Central Tax State Tax Total Value Rate Amount 30019091 Rate Amount Tax Amount 6,750.00 405.00 405.00 810.00 Total 6,750.00 405.00 405.00 810.00

Tax Amount (in words): Eight Hundred Ten INR Only

Company's Bank Details

A/c Holder's Name: Gautam Healthcare Private Limited

Bank Name Axis Bank Limited

A/c No. 917020076226068

Branch & IFS Code: Jhandewalan Extension & UTIB0000738 for Gautam Healthcare Private Limited

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

: AAECG9710C

uthor ed Signatory

7,560.00 IN₹

E & O.E