

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

**Goodwill Diagnostics**  
 Property No:-14, S.F., Industrial Area  
 Najafgarh Road, Tilak Nagar, New Delhi-110018  
 9643008035, 9643001224, 9643001225, 9643001230  
 DL No:- DL-TLN-120177 (20B) / 120178 (21B)  
 GSTIN/UIIN: 07AAMFG6381N1ZP  
 State Name : Delhi, Code : 07  
 E-Mail : goodwillagnostics@yahoo.com

GOODWILL DIAGNOSTICS

Invoice No. <b>GD/003228/23-24</b>	Dated <b>15-Jul-23</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>41-072023-23151</b>	Dated <b>5-Jul-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 DISTRICT HOSPITAL GHAZIABAD, DISTRICT  
 COMBINED HOSPITAL, SECTOR - 23,  
 201001, CONTACT - 85888 19568  
 State Name : Uttar Pradesh, Code : 09  
 Contact person : Tel: 8506056008  
 Contact : Tel: 8506056008

Buyer (Bill to)  
**DCDC Health Service Pvt. Ltd.**  
 C-185, 1st Floor, Mayapuri Industrial Area  
 Phase - II, Mayapuri, New Delhi-110064, Tel: 8506056008  
 State Name : Delhi, Code : 07  
 Contact person : Tel: 8506056008  
 Contact : Tel: 8506056008

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc %	Amount
1	<b>BM HIV Tri-Dot (100 T)</b>  Batch : HTD062338  Expiry : 30-May-25 Rate of Duty: 5%	30021290	5 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,325.00	KIT		5,325.00
2	<b>BM HCV Tri-Dot (100 Test)(12%)</b>  Batch : FCD052325  Expiry : 30-Apr-25 Rate of Duty: 12%	38221990	12 %	1 KIT (100 TEST) 1 KIT (100 TEST)	5,425.00	KIT		5,425.00
3	<b>BM Hepacard</b>  Batch : HPC042316 Expiry : 30-Sep-25 Rate of Duty: 5%	30021290	5 %	100 TEST 100 TEST	11.50	TEST		1,150.00
								11,900.00
								161.88
								161.88
								325.50
								325.50
								0.24
<b>Total</b>								<b>₹ 12,875.00</b>

CGST@2.5%  
 SGST@2.5%  
 CGST@6%  
 SGST@6%  
 Rounded Off

Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. ....

Amount Chargeable (in words)  
**INR Twelve Thousand Eight Hundred Seventy Five Only**

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
30021290	6,475.00	2.50%	161.88	2.50%	161.88	323.76
38221990	5,425.00	6%	325.50	6%	325.50	651.00
<b>Total</b>	<b>11,900.00</b>		<b>487.38</b>		<b>487.38</b>	<b>974.76</b>

Tax Amount (in words) : **INR Nine Hundred Seventy Four and Seventy Six paise Only**

Company's Bank Details  
 A/c Holder's Name : Goodwill Diagnostics  
 Bank Name : Punjab National Bank (CC)  
 A/c No. : 0627008700408974  
 Branch & IFS Code : Naraina Vihar & PUNB0062700  
 for Goodwill Diagnostics

Remarks:  
 SID (GHAZIABAD)  
 Company's PAN : AAMFG6381N

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