

**TAX INVOICE**

(ORIGINAL FOR RECIPIENT)

GOODWILL DIAGNOSTICS

**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/ UIN: 07AAMFG6381N1ZP  
 State Name : Delhi, Code : 07  
 E-Mail : goodwillagnostics@yahoo.com

Consignee (Ship to)

**DCDC Health Service Pvt. Ltd.**

District Hospital Ghaziabad, DISTRICT  
 COMBINED HOSPITAL, SEC 23, 201001, Contact No : 8506002727  
 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

Invoice No. <b>GD/00586/24-25</b>	Dated <b>17-Apr-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>41-042024-25767</b>	Dated <b>5-Apr-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

SI No	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc %	Amount	
1	<b>BM HIV Tri-Dot (100 T)</b> Batch : HTD022413 Expiry : 31-Jan-26 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 : HCD032417 Expiry : 28-Feb-26 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 : HPC022409 Expiry : 31-Jul-26 Rate of Duty : 5%	30021290	5 %	100 TEST 100 TEST	11.50	TEST		1,150.00	
								11,900.00	
								CGST@2.5% SGST@2.5% CGST@6% SGST@6% Rounded Off	
								2.50 % 2.50 % 6 % 6 % 161.88 161.88 325.50 325.50 0.24	
<b>Total</b>								<b>300 TEST</b>	<b>₹ 12,875.00</b>

Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. 2506002727

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**

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.

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  
 Authorized Signatory

This is a Computer Generated Invoice