

**TAX INVOICE**

(ORIGINAL FOR RECEIPT)

**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

Invoice No. **GD/00620/24-25**  
 Delivery Note  
 Dated **18-Apr-24**  
 Mode/Terms of Payment  
 Reference No. & Date.  
 Other References  
 Buyer's Order No. **63-042024-25839**  
 Dispatch Doc No.  
 Dated **5-Apr-24**  
 Delivery Note Date  
 Dispatched through  
 Destination  
 Terms of Delivery

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 Civil Hospital Panipat, Civil Hospital Panipat, Old  
 Housing Board, Colony, Sukhdev Nagar, Old  
 Housing Board, Colony, Panipat, 132103, Contact No : 8506000689  
 State Name : Haryana, Code : 06  
 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 : HTD032424 Expiry : 28-Feb-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 Hopacard</b> Batch : HPC032413 Expiry : 31-Aug-26 Rate of Duty : 5%	30021290	5 %	100 TEST 100 TEST	11.50	TEST		1,150.00	
								11,000.00	
								101.00	
								101.00	
								325.50	
								325.50	
								0.24	
								CGST@2.5%	
								SGST@2.5%	
								CGST@6%	
								SGST@6%	
								Rounded Off	
Stock/No. of Boxes Received <u>1 Box</u> Subject to Physical Check <u>05/02/19</u> Name/Employee Code <u>...</u> Centre Name <u>...</u> Date/Time <u>31/3/24</u> Signature <u>...</u> M. No. <u>8506000689</u>									
<b>Total</b>								<b>300 TEST</b>	<b>₹ 12,875.00</b> E. & O.E

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 (CG)**  
 A/c No. : **0627008700408974**  
 Branch & IFS Code : **Naraina Vihar & PUNBN062700**  
 For Goodwill Diagnostics  
 Authorised Signatory

Remarks  
 SID ( PANIPAT)  
 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.