	INVOICE			(DU	JPLICA	TE FOR	R TRANSPO	-
nang walan Extension,			ice No.			Dated	· · · · · · · · · · · · · · · · · · ·	RTER)
90 1 1 1 6228 A 1 1 6228 DL Number-DL-MTM-145471 DT 22 08 200		GS'	Γ/2223	/1047	1	31-Mar-23 Mode/Terms of Payment		
		Deliv	ery No	te				
					1:	30 Day		ment
State Name: Delhi, Code: 107		Refe	rence N	lo. & Dat	е. (	Other R	eferences	
CONSIGNER (Shire Asset MedithCare com							2500	
DCDC Health Services 7		1	r's Orde			Dated		
DCDC Health Services Private Limited Plot Number		64-0	32023	-22027-4	4 6	-Mar-2	23	
Ashram Naid Sector 110 Nagara		Dispa	atch Do	c No.			Note Date	
Contact No : 7697109398		Diens	atched t	brough				
State Name : Utter Day		Diope	atoried (	illough	D	estinati	on	
Buyer (Bill to)  CDC User 199		Term	s of Del	ivery				
DCDC Health Services Private Limited C-185, Maypuri Industrial Area Mayapuri New Delhi-110064 State Name : Delhi, Code: 07								
SI Deimi, Code: 07								
No. Description of Goods	_	HSN/	SAC	uantity	Rate	per	Amoun	
1 Heparin Sodium 25000IU/5ml							, anoun	
Batch: HP3004 Expiry: 31-Dec-24		30049	_	200 pcs 200 pcs	140.	00 pcs	28,000	0.00
	CGST SGST						1,680 1,680	
DCDCHSPL CENTRE-YATHARTH HOSPITAL, NOIDA  MATERIAL RECEIVED  DATE								
amount Chargeable (in words)	Tot	al		200 p	CS		31.30	1 00.08
thirty One Thousand Three Hundred Sixty INR Only								E. & (
HSN/SAC		hla T						
	Taxa Valu		Cer	ntral Tax Amou		State	Yax Amount	Tota
049099	28,00	00.00	6%			6%	Amount 1,680.00	7ax Am 3,36
Amount (in words): Three Thousand Three Hundred S	Compa Bank N	any's E Name ).	:	Axis Ba 917020	ink Llm 076226	8908	1,680.00	3,36
IDUITE I AN ARCIGUANCE	D	0 150	0-4-	Jhande			No. in contrast care out of the	