

TAX INVOICE

(DUPLICATE FOR TRANSPORTER)

Gautam Healthcare Private Limited
 248, First Floor, Cycle Mkt,
 Jhandewalan Extension,
 New Delhi-110 055
 9811116228
 AAECG9710C
 DL Number-DL-MTM-145471 DT 22.06.2021
 GSTIN/UIN: 07AAECG9710C1ZV
 State Name : Delhi, Code : 07
 E-Mail : yivek@gautamhealthcare.com

Invoice No. GST/2223/1054	Dated 31-Mar-23
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date.	Other References
Buyer's Order No. 90-032023-22013-5	Dated 6-Mar-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Consignee (Ship to)
DCDC Health Services Private Limited
 District Hospital sant kabir nagar
 District Hospital, Mehdawal Road, Khalilabad, 272175
 Contact No : 9554310933
 State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)
DCDC Health Services Private Limited
 C-185, Mayapuri Industrial Area
 Phase-II
 Mayapuri
 New Delhi-110064
 State Name : Delhi, Code : 07

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Heparin Sodium 25000IU/5ml Batch : HP3004 Expiry : 31-Dec-24	30049099	100 pcs 100 pcs	140.00	pcs	14,000.00
						CGST
						SGST
						840.00
						840.00
						15,680.00 INR
			100 pcs			

DCDCHSPL CENTRE-DIST. HOSPITAL SANT KABIR NAGAR
MATERIAL RECEIVED

DATE: 08/4/23

TIME: 6:45 PM RECEIVED BY: *[Signature]*

Amount Chargeable (in words) **Fifteen Thousand Six Hundred Eighty INR Only** E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
30049099	14,000.00	6%	840.00	6%	840.00	1,680.00
Total	14,000.00		840.00		840.00	1,680.00

Tax Amount (in words) : **One Thousand Six Hundred Eighty INR Only**

Company's PAN : AAECG9710C

Company's Bank Details
 Bank Name : **Axis Bank Limited**
 A/c No. : **917020076226068**
 Branch & IFS Code: **Jhandewalan Extension & UTIB0000738**
 for Gautam Healthcare Private Limited

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

