

TAX INVOICE

Gautam Healthcare Private Limited
 248, First Floor, Cycle Mkt.
 Jhandewalan Extension,
 New Delhi-110 055
 9811116228
 AAECG9710C
 DL Number-DL-MTM-146471 DT 22.08.2021
 GSTIN/UIN: 07AAECG9710C1ZV
 State Name : Delhi, Code : 07
 E-Mail : vivek@gautamhealthcare.com

Invoice No.	Dated
GST/2223/830	23-Dec-22
Delivery Note	Mode/Terms of Payment
	30 Days
Reference No. & Date.	Other References

Consignee (Ship to)
DCDC Health Services Private Limited
 Ambedkar Nagar Combined Hospital
 Akbarpur, Ambedkar Nagar,
 Uttar Pradesh- 224122.,
 Contact No : 7268821754
 State Name : Uttar Pradesh, Code : 09

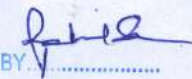
Buyer's Order No.	Dated
72-122022-21026-5	19-Dec-22
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

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

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Heparin Sodium 25000IU/5ml Batch : C1EAE31 Expiry : 31-May-25	30049099	100 Pcs 100 Pcs	140.00	Pcs	14,000.00
	CGST					840.00
	SGST					840.00
Total						15,680.00 ₹

DCDCHSPL CENTRE-DISTRICT HOSPITAL, AMBEDKAR NAGAR
MATERIAL RECEIVED

DATE 20/12/22
 TIME.....RECEIVED BY: 

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			840.00		840.00	1,680.00

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

Company's PAN : AAECG9710C
 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 : **Gautam Healthcare Private Limited**
 Bank Name : **Axis Bank Limited**
 A/c No. : **917020076226068**
 Branch & IFS Code : **Jhandewalan Extension & UTIB0000738**
 for Gautam Healthcare Private Limited