

**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  
 CIN: U85100DL2011PTC227049  
 E-Mail : vivek@gautamhealthcare.com

Invoice No. <b>GST/24-25/166</b>	Dated <b>21-May-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>61-052024-26063</b>	Dated <b>3-May-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Consignee (Ship to)  
**DCDC Health Services Private Limited**  
 Civil Hospital Rewari  
 Civil Hospital Rewari, Kayasthwar Mohalla, Rewari  
 Haryana, 123401  
 Contact No : 9817435163  
 State Name : Haryana, Code : 06

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

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Hollow Fibre Dialyser B1.4P</b> Batch : 2403100987 Expiry : 1-Apr-27	90189031	<b>48 pcs</b> 48 pcs	307.00	pcs	<b>14,736.00</b>
						<b>CGST 368.40</b>
						<b>SGST 368.40</b>
						<b>Round Off 0.20</b>
<b>Total</b>			<b>48 pcs</b>			<b>15,473.00 ₹</b>

Stock/No. of Boxes Received ..... 2 .....  
 Subject to Physical Check  
 Name/Employee Code ..... *Neha (D.102613)* .....  
 Centre Name ..... *Civil Hospital Rewari* .....  
 Date/Time ..... *21-5-24* .....  
 Signature ..... *Neha* ..... M. No. .... *85067046* .....

Amount Chargeable (in words) **Fifteen Thousand Four Hundred Seventy Three INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90189031	14,736.00	2.50%	368.40	2.50%	368.40	736.80
<b>Total</b>			<b>368.40</b>		<b>368.40</b>	<b>736.80</b>

Tax Amount (in words) : **Seven Hundred Thirty Six INR and Eighty Only**

Company's PAN : **AAECG9710C**

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

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

Authorized Signatory