

**TAX INVOICE**

(DUPLICATE FOR TRANSPORTER)

**Gautam Healthcare Private Limited**

24B, 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

Consignee (Ship to)

**DCDC Health Services Private Limited**

DH, Jagtial  
Govt. General Hospital, Opp-Jagtial Muncipal Office, Dist-  
Jagtial, 505327  
Contact No : 9908470353  
State Name : Telangana, Code : 36

Buyer (Bill to)

**DCDC Health Services Private Limited**

C-185, Mayapuri Industrial Area  
Phase-II  
Mayapuri  
New Delhi-110064  
State Name : Delhi, Code : 07

Invoice No. <b>GST/24-25/775</b>	e-Way Bill No. <b>771454996998</b>	Dated <b>31-Aug-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>	
Reference No. & Date.	Other References	
Buyer's Order No. <b>136-082024-27292-1</b>	Dated <b>31-Aug-24</b>	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	
Terms of Delivery		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Blu002E</b> Batch : 2401151070 Expiry: 23-Jun-27	90183990	<b>1,410 pcs</b> <u>1,410 pcs</u>	100.00	pcs	<b>1,41,000.00</b>
	<b>CGST</b>					<b>8,460.00</b>
	<b>SGST</b>					<b>8,460.00</b>
<b>Total</b>			<b>1,410 pcs</b>			<b>1,57,920.00 ₹</b>

Stock/No. of Boxes Received ..... **47 Boxes**  
 Subject to Physical Check .....  
 Name/Employee Code ..... **Amr Oco2809**  
 Centre Name ..... **Jagtial**  
 Date/Time ..... **31/8/24**  
 Signature ..... **[Signature]** M. No. **9908470353**

Amount Chargeable (In words) **One Lakh Fifty Seven Thousand Nine Hundred Twenty INR Only** E. & O.E

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
90183990	1,41,000.00	6%	8,460.00	6%	8,460.00	16,920.00
<b>Total</b>	<b>1,41,000.00</b>		<b>8,460.00</b>		<b>8,460.00</b>	<b>16,920.00</b>

Tax Amount (in words) : **Sixteen Thousand Nine Hundred Twenty 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 : **IDBI BANK CC A/C**  
 A/c No. : **1735651100001427**  
 Branch & IFS Code : **Chawri Bazar & IBKL0001735**  
 for Gautam Healthcare Private Limited  
 [Signature] **Authorised Signatory**