

Tax Invoice

Printed on 18-May-24 at 11:44  
(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : 8be3911067e722613290571410b9a43868e9-218a50125e1945a0b08e8ebd422c  
Ack No. : 112420334183707  
Ack Date : 18-May-24



SAP MEDICALS PVT. LTD. (2023-2024)  
D.No.9-4-86/194,Salarjung Colony,Tolichowki,  
Hyderabad Dist, Tolichowki(V), Mehdiapatnam(M),  
Hyderabad(Dist)-500008  
Licence No:-536/HD1/AP/2009  
GSTIN/UIN: 36AAMCS4547H1ZZ  
State Name : Telangana, Code : 36  
CIN: U24234AP2008PTC061380  
E-Mail : sapmedicals@yahoo.com

Invoice No. <b>SAP/529/2024-25</b>	Dated <b>18-May-24</b>
Delivery Note	Mode/Terms of Payment <b>30 Days</b>
Reference No. & Date.	Other References
Buyer's Order No. <b>136-052024-26032</b>	Dated <b>3-May-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>Jagtial</b>
Terms of Delivery	

Consignee (Ship to)  
**DCDC Kidney Care**  
DCDC Health Services Pvt.Ltd.  
District Hospital Jagtial,  
Govt General Hospital, Opp Jagtial Muncpal Off.  
Jagtial - 505327  
GSTIN/UIN : 07AAFCD0204K1Z1  
State Name : Delhi, Code : 07

Buyer (Bill to)  
**DCDC Kidney Care**  
DCDC Health Services Pvt.Ltd.  
C-185, Mayapuri Industrial Area,  
Phase - II, Mayapuri -110064  
New Delhi  
GSTIN/UIN : 07AAFCD0204K1Z1  
State Name : Delhi, Code : 07

SI No.	Description of Goods	HSN/SAC	Mfg By	Batch No.	Mfg Date	Expiry Date	Quantity	Rate	Disc. %	Amount
1	Oasis Dry Citrate Dialysate Part - A 50 Ltrs Mix	30049032	Oasis	2405A001	1-May-24	31-May-26	50 Pkts	800.00		40,000.00
2	Oasis Dry Citrare Dialysate Part B - 50 Ltrs Mix	62103090	Oasis	2405B001	1-May-24	31-May-26	100 Pkts			40,000.00
	IGST									4,800.00
Total							150 Pkts			₹ 44,800.00

Stock/No. of Boxes Received ..... **50 packets**  
Subject to Physical Check .....  
Name/Employee Code ..... **Andi DC02809**  
Centre Name ..... **Tolichowki**  
Date/Time ..... **23/05/2024**  
Signature ..... **Andi** M. No. **9908470353**

Amount Chargeable (in words)  
**INR Forty Four Thousand Eight Hundred Only** E. & O.E

Taxable Value	IGST		Total
	Rate	Amount	Tax Amount
40,000.00	12%	4,800.00	4,800.00
<b>Total: 40,000.00</b>		<b>4,800.00</b>	<b>4,800.00</b>

Tax Amount (in words) : **INR Four Thousand Eight Hundred Only**  
Company's PAN : **AAMCS4547H**

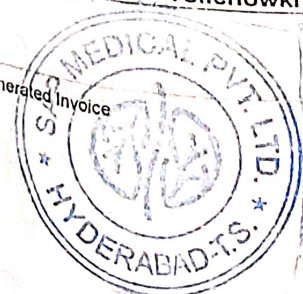
Declaration  
(1) DL No.536/HD1/AP/2009.  
(2) We here certify that the goods supplied against this invoice do not contravene section (18) of Drug, Act 1940.  
(3) Subject to Hyderabad Jurisdiction only.  
(4) Interest @24% PA will be charged after credit period.  
(5) Receive the above mentioned materials in good order & Condition (6) Good once sold will not be taken back or exchanged.  
Customer's Seal and Signature

Company's Bank Details  
Bank Name : **ICICI Bank (112405500156)**  
A/c No. : **112405500156**  
Branch & IFS Code : **Tolichowki & ICIC0001124**

for SAP MEDICALS PVT. LTD. (2023-2024)

Stock/No. of Boxes Received ..... **50**  
Subject to Physical Check .....  
Name/Employee Code .....  
Centre Name .....  
Date/Time .....  
Signature .....

This is a Computer Generated Invoice



*[Handwritten Signature]*

Authorised Signatory