



TAX INVOICE Gupta Medical Device

KHASHRA NO 106/1, GROUND FLOOR, POOTH KALA VILLAGE NEAR 12
NOB TRANSFERMAR DELHI 110086

PAN : AWNPS2841N

GSTIN : 07AWNPS2841NLZT

Tel. : 8470009615, 9810371170 email : gmdevice@yahoo.com

Drug Licence No. : RMD/DCD/23/ZO-5170/2023

Invoice No. : GMD/0473/23-24
Dated : 21-11-2023
Place of Supply : Delhi (07)
Reverse Charge : N
Buyer Order No : 87-112023-24127
Order Date : 6/11/2023

Supplier Ref. :
Other Ref. :
Delivery Note :
Mode/terms of P :
Despatch Throug :
Destination :

Billed to :
DCDC HEALTH SERVICE PVT
C-185, MAYAPURI INDUSTRIAL AREA PHASE 2
DELHI 11007

Party PAN : AAFC00204K
GSTIN / UIN : 07AAFC00204K1Z1
D.L. No. :

Shipped to :
DCDC HEALTH SERVICE PVT LTD
DISTRICT HOSPITAL LAKHIMPUR KHIRI
NEAR T.B WARD HOSPITAL ROAD,
DIST POLICE LINE, LAKHIMPUR
UTTAR PARDESH 262701
Party PAN : AAFC00204K
GSTIN / UIN : 07AAFC00204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Code	Qty. Unit	Price	CGST Rate	CGST Amount	SGST Rate	SGST Amount	Amount(₹)
1.	SODIUM HYPOCHLORIDE 10% JAR	28289011	12.00 JAR	180.00	9.00 %	194.40	9.00 %	194.40	2,548.80

2,548.80
0.20

Add : Rounded Off (+)

Grand Total 12.00 JAR

Stock/No. of Boxes Received 3

Subject to Physical Check

Name Employee Code D. K. R. S. Sharma

Centre Name Lakhimpur Khiri

Date Time 4.11.23 2:30 PM

Signature Sharma M. No. 7355093227

Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
18%	2,160.00	194.40	194.40	388.80

Rupees Two Thousand Five Hundred Forty Nine Only

Declaration Section -9

BANK NAME : PUNJAN NATIONAL BANK, BRANCH : SANT NAGAR BURARI
A/C NO : 17294015001319 IFSC CODE : PUNB0172910

Bank Details : BANK DETAILS : GUPTA MEDICAL DEVICE BANK NAME & BRANCH : PNB
ACCOUNT NO : 1710005502127812 IFSC CODE : PUNB0171000

Terms & Conditions

E. & O.E.

1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Gupta Medical Device

Authorised Signatory