

R.C. HEALTH CARE
Pharmaceutical Distributors
F7/31 SEC-11 PRATAP VIHAR GHAZIABAD Opp.
LEELAWATI SCHOOL

Phone : 7838223890
Licence No. : UP1420B000461/UP1421B000458
GSTIN : 09AARFR8679M1ZU

GST INVOICE

CREDIT

Party Name :
DCDC HEALTH SERVICE PVT. LTD.
C-185MAYAPURI INDUSTRIAL AREA PHASE 2 N DELHI
CENTER- CIVIL HOSPITAL GHAZIABAD.
09-UP
PHONE : 8506002727

Invoice No	T0001567	Order No. 41-102023-23869	Cases	0
Invoice Date	27-10-2023	Order Date		
Due Date	27-10-2023	L.R. No.		
		L.R. Date	27-10-2023	
		Transport		

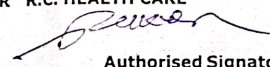
S.	Qty.	Mfr	Pack	Product Name	Batch	Exp	HSN	M.R.P	Rate	DIS	SGST	CGST	Amount	Net Amount
1.	252	SACH	1*12	NS 1000ML	S1FCW722	6/25	30049099	65.25	30.00	0.00	6.00	6.00	7560.00	8467.20

Stock/No. of Boxes Received
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time 22-10-2023
Signature M.No. 8588819563

CLASS	TOTAL	SCHEME	DISCOUNT	SGST	CGST	TOTAL GST			TOTAL	7560.00
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	Total Items :-	1	DIS AMT.	0.00
GST 12.00%	7560.00	0.00	0.00	453.60	453.60	907.20	Total Qty :-	252	SGST PAYBLE	453.60
GST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00		CGST PAYBLE	453.60	
GST 28 %	0.00	0.00	0.00	0.00	0.00	0.00		CR/DR NOTE	0.00	
TOTAL	7560.00	0.00	0.00	453.60	453.60	907.20			Grand Total	8467.00

Rs. Eight Thousand Four Hundred Sixty Seven Only
BANK NAME: PNB, A/c no. 3946902100007556, IFSC code: PUNB0394600

Terms & Conditions
The rate of products is valid only for current Invoice.
All disputes subject to Jurisdiction only.
Bills not paid due date will attract 24% interest.

FOR R.C. HEALTH CARE

Authorized Signatory

Grand Total
8467.00