

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

Party Name :
DCDC HEALTH SERVICE PVT.LTD.
 PLOT NUMBER-01,SECT-110,NEAR MAHARISHI
 ASHRAM,NOIDA
 09-UTTAR PRADES
 PHONE : 9205617242
 Licence No. : U85190DL2014PTC265804

Invoice No	T0001570	Order No. 23876-10/23	Cases	0
Invoice Date	28-10-2023	Order Date		
Due Date	28-10-2023	L.R. No.		
		L.R. Date 28-10-2023	Transport	

S.	Qty.	Mfr	Pack	Product Name	Batch	Exp	HSN	M.R.P	Rate	DIS	SGST	CGST	Amount	Net Amount
1.	144	ALKE		NS IP 0.9% 1000ML	S1FCW708	6/25	3005	65.25	30.00	0.00	6.00	6.00	4320.00	4838.40
2.	300	JEDU		NS 500ML FFS	N1QC335	8/25	30049099	0.00	19.00	0.00	6.00	6.00	5700.00	6384.00

120 received
 24 Shud

10 box of NS 1000ML
 Total 120 received.

Stock/No. of Boxes Received 24
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No.

CLASS	TOTAL	SCHEME	DISCOUNT	SGST	CGST	TOTAL GST			TOTAL
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	Total Items :-	2	10020.00
GST 12.00%	10020.00	0.00	0.00	601.20	601.20	1202.40	Total Qty :-	444	
GST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00			DIS AMT. 0.00
GST 28 %	0.00	0.00	0.00	0.00	0.00	0.00			SGST PAYBLE 601.20
TOTAL	10020.00	0.00	0.00	601.20	601.20	1202.40			CGST PAYBLE 601.20
Rs. Eleven Thousand Two Hundred Twenty Two Only									CR/DR NOTE 0.00

BANK NAME: PNB,A/c no. 3946602100007556, 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
 11222.00