

TAX INVOICE

SANDILYA MEDY INC 1-10-124, Road No: 0F, Dwarakapuram, Dilaukhnagar Hyderabad, DL NO: 203&21/MTG/RR/2022-07432 GSTIN/UIN: 30AETFS0500C1Z1 State Name : Telangana, Code : 29 Contact : 9848930132 E-Mail : sandilyamedyinc@gmail.com		Invoice No. SMI/23/083	Dated 1-Feb-24
Consignee (Ship to) DCDC HEALTH SERVICES PRIVATE LIMITED DH HAVERI HAVERI DISTRICT HOSPITAL DIALYSIS UNIT, ROOM NO. 52 KILLA ROAD, HAVERI - 581110 PH.NO: 9113047411 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Karnataka, Code : 29		Delivery Note	Mode/Terms of Payment
Buyer (Bill to) DCDC HEALTH SERVICES PRIVATE LIMITED First Floor, C-185 Mayapuri Industrial Area Phase-2 Mayapuri, New Delhi GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi		Reference No. & Date.	Other References
		Buyer's Order No. 157-012024-24983	Dated 24-Jan-24
		Dispatch Doc No.	Delivery Note Date
		Dispatched through VRL LOGISTICS	Destination HAVERI
		Terms of Delivery	

No. & Kind of Pkgs.	Description of Goods	HSN/SAC	GST Rate	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
80	AQUALIVE NS 500ML Batch: (N) 176 Expiry: 30-Sep-25 Batch: (N) 173 Expiry: 30-Sep-25 Batch: (N) 181 Expiry: 30-Sep-25 Batch: (N) 181	30049099	12 %	39.00/BOX	2,000 BOTTLES (80 BOX) 1,200 BOTTLES (48 BOX) 275 BOTTLES (11 BOX) 525 BOTTLES (21 BOX)	23.00	BOTTLES		46,000.00
1	NS 100ML (IHL) Batch: 4C340023 Expiry: 31-Dec-26	30049099	12 %	22.00/BOTTLES	100 BOTTLES (1 BOX) 100 BOTTLES (1 BOX)	11.00	BOTTLES		1,100.00
2	D 25% 100ML(REALCADE) Batch: VA3080010 Expiry: 31-May-24	30049099	12 %	21.28/BOTTLES	200 BOTTLES (2 BOX) 200 BOTTLES (2 BOX)	14.00	BOTTLES		2,800.00
IGST @12%									49,900.00
Total									5,988.00
Total									2,300 BOTTLES
Total									₹ 55,888.00

Amount Chargeable (in words) **INR Fifty Five Thousand Eight Hundred Eighty Eight Only** E. & O.E


Taxable Value	Rate	Integrated Tax Amount	Total Tax Amount
49,900.00	12%	5,988.00	5,988.00
Total: 49,900.00		5,988.00	5,988.00

Tax Amount (in words) : **INR Five Thousand Nine Hundred Eighty Eight Only**

Company's Bank Details
 A/c Holder's Name : **SANDILYA MEDY INC**
 Bank Name : **HDFC Bank**
 A/c No. : **50200072960721**
 Branch & IFS Code : **MOOSARAMBAGH & HDPC0004326**

Remarks:
 BEING SALE FOR THE INVOICE NO SMI/23/083; DELIVERY AT: HAVERI DISTRICT HOSPITAL , HAVERI.

Declaration
 1. Goods once sold cannot be taken back.
 2. All Claims and disputes are subject to Rangareddy Jurisdiction only.


 Sandilya Medy Inc
 Hyderabad
 Digitally signed by Sandilya Medy Inc

SUBJECT TO HYDERABAD JURISDICTION
 This is a Computer Generated Invoice

Received on 5/2/24
 UNIT STAFF NURSE D.H. HAVERI
 Kanchana .V. Naik.
 7619216306

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