

TAX INVOICE

**SANDILYA MEDY INC**  
 1-10-124, Road No: 8F,  
 Dwarakapuram, Dilukhnagar  
 Hyderabad.  
 DL NO: 20B&21B/TS/RR/2022-97432  
 GSTIN/UIN: 36AETFS0566C1ZT  
 State Name: Telangana, Code: 36  
 Contact: 9848930132  
 E-Mail: sandilyamedyinc@gmail.com

Consignee (Ship to)  
**DCDC HEALTH SERVICES PRIVATE LIMITED**  
 @TH KUMTA TALUKA GOVT. HOSPITAL,  
 DIALYSIS UNIT, BAGGON CROSS - 581343  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Karnataka, Code : 29

PH. NO: 8105942976

424

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 : Karnataka

Invoice No. <b>SMI/23/084</b>	Dated <b>13-Feb-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References <b>42 BOXES</b>
Buyer's Order No. <b>163-022024-25149</b>	Dated
Dispatch Doc No. <b>SMI/23/084</b>	Delivery Note Date
Dispatched through <b>VRL LOGISTICS</b>	Destination <b>TH KUMTA, KARNATAKA</b>
Terms of Delivery	

No. & Kind of Pkgs.	Description of Goods	HSN/SAC	GST Rate	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount	
40	<b>AQUALIVE NS 500ML</b>  Batch: (N) 176  Expiry: 30-Sep-25 Batch: (N) 173  Expiry: 30-Sep-25 Batch: (N) 198  Expiry: 31-Oct-25	30049099	12 %	39.00/BOX	1,000 BOTTLES (40 BOX) 250 BOTTLES (10 BOX)  550 BOTTLES (22 BOX)  200 BOTTLES (8 BOX)	23.00	BOTTLES		23,000.00	
1	<b>NS 100ML (IHL)</b>  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	
1	<b>D 25% 100ML (REALCADE)</b>  Batch: VA3080016  Expiry: 31-Dec-24	30049099	12 %	21.28/BOTTLES	100 BOTTLES (1 BOX) 100 BOTTLES (1 BOX)	14.00	BOTTLES		1,400.00	
									25,500.00	
									3,060.00	
									IGST @12%	
<b>Total</b>									1,200 BOTTLES	₹ 28,560.00
									E. & O.E	



Stock/No. of Boxes Received ..... 42 BOX  
 Subject to Physical Check NS, D-25%, NS 100ml.  
 Name/Employee Code .....  
 Centre Name ..... TH KUMTA  
 Date/Time ..... 11/2/24 at 11:30 AM  
 Signature ..... M. No. 8192552920

Amount Chargeable (in words)  
**INR Twenty Eight Thousand Five Hundred Sixty Only**

Taxable Value	Integrated Tax Rate	Integrated Tax Amount	Total Tax Amount
25,500.00	12%	3,060.00	3,060.00
<b>Total: 25,500.00</b>		<b>3,060.00</b>	<b>3,060.00</b>

Tax Amount (in words) : **INR Three Thousand Sixty 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 & HDFC0004326**

Remarks:  
 Being Credit Sales to DCDC Health Services Pvt. Ltd., vide B.No. SMI/23/084. DELIVERY AT KUMTA GOVT. HOSPITAL DIALYSIS CENTER, KARNATAKA.

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

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice



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