

Tax Invoice

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e-Invoice



IRN : 9cda28d871305b1fdebea86c9e5280d20106-9d90d80b6ed2ed8d8ffdb8160433
Ack No. : 112318579787629
Ack Date : 20-Dec-23

<p>SAP MEDICALS PVT. LTD. (2023-2024) 9-4-86/194, Salarjung Colony Tolichowki Hyderabad - 500008 GSTIN/UIN: 36AAMCS4547H1ZZ State Name : Telangana, Code : 36 CIN: U24234AP2008PTC061380 E-Mail : sapmedicals@yahoo.com</p>	Invoice No.	Dated
	SAP/2579/2023-24	20-Dec-23
<p>Consignee (Ship to) DCDC Kidney Care DCDC Health Services Pvt.Ltd. GH Gandhi Hospital, Secbad Gandhi Hospital, Bhoiguda Musheerabad, Hyderabad-500020 Contact No:7793985614 GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07</p>	Delivery Note	Mode/Terms of Payment
		90 Days Other References
<p>Buyer (Bill to) DCDC Kidney Care DCDC Health Services Pvt.Ltd. C-185, Mayapuri Industrial Area, Phase - II, Mayapuri -110064 New Delhi GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07</p>	Reference No. & Date.	
	Buyer's Order No.	Dated
	145-122023-24545	7-Dec-23
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
		Gandhi Hospital
	Terms of Delivery	

SI No	Description of Goods	HSN/SAC	Mfg By	Batch No.	Mfg Date	Expiry Date	Quantity	Rate	Disc. %	Amount
1	Oasis Dry Citrate Dialysate Part - A 50 Ltrs Mix	30049032	Oasis	2311A001	1-Nov-23	30-Nov-25	120 Pkts	800.00		96,000.00
2	Oasis Dry Citrate Dialysate Part B - 50 Ltrs Mix	62103090	Oasis	2311B001	1-Nov-23	30-Nov-25	240 Pkts			96,000.00
	IGST									11,520.00
Total							360 Pkts			₹ 1,07,520.00

Amount Chargeable (in words) **INR One Lakh Seven Thousand Five Hundred Twenty Only** E. & O.E

Taxable Value	Rate	IGST		Total
		Amount	Tax Amount	
96,000.00	12%	11,520.00	11,520.00	11,520.00
Total: 96,000.00		11,520.00	11,520.00	11,520.00

Tax Amount (in words) : **INR Eleven Thousand Five Hundred Twenty Only**
Company's PAN : AAMCS4547H

Declaration
(1) DL No.536/HD1/AP/2009.
(2) We here certify that the goods supplied against this invoice do not contravene section (18) of Drug, Act 1940.
(3) Subject to Hyderabad Jurisdiction only.
(4) Interest @24% PA will be charged after credit period.
(5) Receive the above mentioned materials in good order & Condition (6) Good once sold will not be taken back or exchanged.

Company's Bank Details
Bank Name : **ICICI Bank (112405500156)**
A/c No. : **112405500156**
Branch & IFS Code : **Tolichowki & ICIC0001124**
for SAP MEDICALS PVT. LTD. (2023-2024)

Customer's Seal and Signature _____
Authorized Signatory _____



This is a Computer Generated Invoice

Stock/No. of Boxes Received **120**
Subject to Physical Check
Name/Employee Code **M. Juman / DC.02 882**
Centre Name **Gandhi**
Date/Time **22/12/2023 / 12:00 AM**
Signature **[Signature]** M. No.