

Tax Invoice Cum Delivery Challan

e-Invoice

IRN : 7090516638b1691f5782e7e9453ae6c1cbd45adbd5ad-  
 e823302cc323c60b67  
 Ack No. : 182415726052173  
 Ack Date : 12-Mar-24



**ARIVATION HEALTHCARE PRIVATE LIMITED**  
 Site Office: 16/24 Dr. Suresh Chandra Banerjee Road  
 KOLKATA Kolkata WB  
 KOLKATA-700010

GSTIN/UIN: 19AASCA6131H1ZF  
 State Name : West Bengal, Code : 19  
 Contact : 6289556902,9836667979  
 E-Mail : arivationhealthcare@gmail.com

Consignee (Ship to)  
**DCDC Health Service Pvt. Ltd.**  
 District Hospital Sant Ravidas Nagar, 100 BEDS  
 HOSPITAL Jila Mukhyalaya sarpatha ,gyanpur, sant  
 Ravidas Nagar / Bhadoi, 221304, Contact No : 8083293190  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Uttar Pradesh, Code : 09

Buyer (Bill to)  
**DCDC Health Service Pvt. Ltd.**  
 C-185, Mayapuri Industrial Area phase- 2, Mayapuri,  
 New Delhi-110064  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Delhi, Code : 07  
 Place of Supply : Delhi

Invoice No.	e-Way Bill No.	Dated
AHPL/2324/567	841394166341	12-Mar-24
Delivery Note	Mode/Terms of Payment	
	30 DAYS	
Reference No. & Date.	Other References	
Buyer's Order No.	Dated	
104-032024-25625	11-Mar-24	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	
DELHIVERY	Sant Ravidas Nagar	
Vessel/Flight No.	Place of receipt by shipper:	
City/Port of Loading	City/Port of Discharge	
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	DIALYZER 1.6 OCI HD16L Batch : 230936 Expiry : 15-Sep-26	90189031	240 Pcs 240 Pcs	290.00	Pcs		69,600.00
	Igst Output						3,480.00
	Stock/No. of Boxes Received ..... 10 boxes Subject to Physical Check ..... OK Name/Employee Code ..... Phani... Centre Name ..... Sant Ravidas Date/Time ..... 15/3/24 Signature ..... M. No. 8083293190						
	Total		240 Pcs				₹ 73,080.00

Amount Chargeable (in words)  
**Indian Rupees Seventy Three Thousand Eighty Only**

Company's Bank Details  
 A/c Holder's Name : ARIVATION HEALTHCARE PRIVATE LIMITED  
 Bank Name : Union Bank of India  
 A/c No. : 015225010000001  
 Branch & IFS Code : Dharmatolla Branch & UBIN0530131  
 SWIFT Code : UBININBOCL

Declaration  
 DL No: WB/KOL/NBO/W/320645 & WB/KOL/BO/W/320645  
 MSME UAM No. WB10D0023343  
 Interest @24% PA will be charged after credit period  
 Goods once sold will not be taken back or exchanged

for ARIVATION HEALTHCARE PRIVATE LIMITED  
  
 Authorised Signatory