

Tax Invoice Cum Delivery Challan

e-Invoice



IRN : daf1b089cffb4564a497a04cf98507cf7537a85a-
de6a5ba6b0b2eb592dce0ea6
Ack No. : 182415386136639
Ack Date : 29-Jan-24

Invoice No.	e-Way Bill No.	Dated
AHPL/2324/450	861380964953	29-Jan-24
Delivery Note	Mode/Terms of Payment	
	30 DAYS	
Reference No. & Date.	Other References	
Buyer's Order No.	Dated	
162-012024-25003	24-Jan-24	
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	
DELHIVERY	SIRSI	
Terms of Delivery		

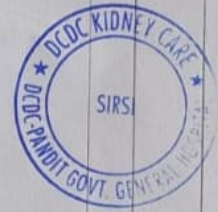
ARIVATION HEALTHCARE PRIVATE LIMITED
Site Office: 16/24 Dr. Suresh Chandra Banerjee Road
KOLKATA Kolkata WB
KOLKATA-700010
GSTIN/UIN: 19AASCA6131H1ZF
State Name : West Bengal, Code : 19
Contact : 6289556902, 9836667979
E-Mail : arivationhealthcare@gmail.com
www.arivation.com

Consignee (Ship to)
DCDC Health Service Pvt. Ltd.
162-012024-25003 PANDIT GOVT
GENERAL HOSPITAL SIRSI, Dialysis, unit,
Church Road, SIRSI, KARNATAKA-581401, Contact No: 8867417094
GSTIN/UIN : 07AAFCD0204K1Z1
State Name : Karnataka, Code : 29

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

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Blood Tubing Set DORA Batch : 2301151845 Expiry: 5-Dec-26	90189032	1,020 Pcs	96.00	Pcs		97,920.00
2	AVF 16G Needle (Dora) Batch : 2302150308 Expiry: 1-Nov-26	9018	1,050 Pcs	10.00	Pcs		10,500.00
3	AVF 17G DORA Batch : 2302150321 Expiry: 14-Nov-26	9018	1,050 Pcs	10.00	Pcs		10,500.00
							1,18,920.00
	Less :						14,270.40
							(-).040
							1,33,190.00

Stock/No. of Boxes Received 37
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No.



Amount Chargeable (in words) **Indian Rupees One Lakh Thirty Three Thousand One Hundred Ninety Only** E. & O.E

Taxable Value	IGST		Total
	Rate	Amount	Tax Amount
1,18,920.00	12%	14,270.40	14,270.40
Total: 1,18,920.00		14,270.40	14,270.40

Tax Amount (in words) : **Indian Rupees Fourteen Thousand Two Hundred Seventy and Forty paise Only**

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

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 & UBIN0901521**
SWIFT Code : **UBININBB0CL**

Customer's Seal and Signature _____ for ARIVATION HEALTHCARE PRIVATE LIMITED
Authorized Signatory