

**"GST INVOICE"**

**ALFA MEDI AIDS**  
G-6,7,8 & 9, AMBER TOWER,  
AZADPUR,  
NEW DELHI-110033

GSTIN : 07AAJPK1035A1ZD  
D.L.NO.:20B/128765,21B/128767,20D/128766  
Phone : 9811164972,8882654607,7780004000  
E-Mail : alfamediaids@gmail.com  
SALESMAN : 007-DCDC(O/S)

Bill To : ,DCDC HEALTH SERVICE P.LTD-MAYAPURI/2  
C-185,1st FLOOR,MAYAPURI PHASE-2  
NEW DELHI-64 State : 07

Invoice No. : AM/0022 Date : 19-04-2023

P.O.No. : 87-042023-22327-6

P.O.Date : 06-04-2023

Challan No. : Date :

PHONE : 011-45581006,8506003126

GSTIN : 07AAFCD0204K1Z1 STATE : 07-DELHI

DL.NO.:

E-WAYBILL :

Delivery : LAKHIMPUR Vehicle No. :

Ship To :,

DCDC @ DISTRICT HOSPITAL-LAKHIMPUR(UP)  
LAKHIMPUR KHIRI,NEAT T.B.WARD HOSPITAL ROAD  
DIST.POLICE LINE,LAKHIMPUR-262701(U.P.) STATE: 09-UTTAR PRADESH  
PHONE :  
GSTIN : DL.NO.: DCDC:6393323652

GR.NO. :

GR.DATE : 19-04-2023 CASES : 3

Transport: DELHIVERY

Payment Due Date. : 19-04-2023

S	Product	Pack	Batch	Exp.	Qty.	HSN	M.R.P.	Rate	Dis1	Dis2	GST%	
1	DEXLAB HYPOCHLORITE(10%)JAR	5LTR	H10/0123	12/24	12	28289019	975.00	230.00	0.00	0.00	18.00	2760.00
2	Add FREIGHT & FWD CHARGE(18%)				-	996812	0.00	300.00	0.00	0.00	18.00	1300.00
<p>Stock/No. of Boxes Received <u>3</u> Subject to Physical Check Name/Employee Code <u>DC02025</u> Centre Name <u>Lakhimpur Khiri</u> Date/Time <u>24/4/23 3:30 Pm</u> Signature <u>Pharmacist M No 7355093227</u></p>												

GST 4060\*9+9%=365.4SGST+365.4CGST,

CLASS	TOTAL	SCH.	DISC.	DISC2	SGST	CGST	TOTAL GST	TOTAL	4060.00
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	DIS AMT.	0.00
GST 12.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	SGST PAYBLE	365.40
GST 18.00%	4060.00	0.00	0.00	0.00	365.40	365.40	730.80	CGST PAYBLE	365.40
GST 28.00 %	0.00	0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE	0.00
IGST FREE%	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
<b>TOTAL</b>	4060.00	0.00	0.00	0.00	365.40	365.40	730.80	<b>GRAND TOTAL</b>	<b>4791.00</b>

Rs. Four Thousand Seven Hundred Ninety One Only

**Terms & Conditions**

:NOTE:-Please Remit processds by means of RTGS/CH./DD IN Favour of ALFA MEDI AIDS  
A/C No.-02105011000334 with PUNJAB NATIONAL BANK,Branch DELHI,IFS Code PUNB0184500

**For ALFA MEDI AIDS**

- All disputes subject to DELHI Jurisdiction only.  
2.Bills not paid due date will attract 24% interest.  
3.Warranty applicable as offered by the manufacturer only.

**Authorised signatory**