

# STAR MEDICOSE

Pharmaceutical Distributors

E-5, GROUND FLOOR, UDYOG NAGAR  
ROHTAK ROAD, NANGLOI JAT  
DELHI-110041  
Phone : 9811280126, 9311280126

## GST TAX INVOICE

PAN : ACFPJ1762M

DL.No. : DL-NGJ-129782/DL-NGJ-129783, 20B&21B

GSTIN : 07ACFPJ1762M1ZF

**M/s DCDC HEALTH SERVICES PVT. LTD.**  
C-185, MAYAPURI IND. AREA, PH.-2  
MAYAPURI State : 07  
NEW DELHI  
8506056008  
D.L.No. : CIN - U85190DL2014PTC2  
GSTIN : PAN :

Invoice No. : **A000029** Date : 18-04-2023  
Order No. : 22370-2 Date : 05-04-2023  
L.R. No. : Date : 18-04-2023  
Dispatch Through : DL 1LAJ 7295  
Transport :

Dispatch Document No. :

CH.Date

S.	Product	Make	Pkg.	Batch	Exp.	Case	Qty.	HSNCODE	M.R.P.	Rate	GST	Amount
1	NS 500 ML	ABARIS	500 ML	A3731015	12/25	10.00	280	30045020	34.83	18.65	12.00	5222.00

Stock/No. of Boxes Received ..... 10  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name ..... Tarak Hospital  
Date/Time ..... 18/4/23  
Signature ..... M. No. 8929837740

Stock/No. of Boxes Received ..... 10  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name ..... Tarak Hospital  
Date/Time ..... 18/4/23  
Signature ..... M. No. 8929837740

**DELIVERY : PO:-12-042023-22370-2**  
TARAK HOSPITAL

**SUB TOTAL 5222.00**  
SGST 6 % 313.32  
CGST 6 % 313.32  
Roundoff 0.36

Rs. Five Thousand Eight Hundred Forty Nine Only

**GRAND TOTAL 5849.00**

### Terms & Conditions

Goods once sold will not be taken back or exchanged.  
Bills not paid due date will attract 24% interest.  
All disputes subject to Jurisdiction only.  
Prescribed Sales Tax declaration will be given.  
Certified that the particulars given above are true and correct  
and the amount indicated represents the price actually charged.  
E.&O.E.

Checked By \_\_\_\_\_

For **STAR MEDICOSE**



Authorised signatory

### BANK DETAILS :-

STATE BANK OF INDIA  
A/C No. : 33998442064, BRANCH : MIANWALI NAGAR  
IFSC CODE : SBIN0016202