

STAR MEDICOSE

Pharmaceutical Distributors

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

GST TAX INVOICE

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

GSTIN : 07ACFPJ1762M1ZF

PAN : ACFPJ1762M

M/s DCDC HEALTH SERVICES PVT. LTD.
C-185, MAYAPURI IND. AREA, PH.-2
MAYAPURI State : 07
NEW DELHI

Invoice No.: **A000245** Date : 23-09-2023
Order No. : 23607 Date : 06-09-2023
L.R. No. : Date : 23-09-2023
Dispatch Through : DL 1LAG 5658
Transport :

8506056008
D.L.No.: CIN - U85190DL2014PTC2
GSTIN : PAN.:

Dispatch Document No. : CH Date

S.	Product	Make	Pkg.	Batch	Exp.	Case	Qty.	HSN CODE	M.R.P.	Rate	GST	Amount
1	NS 1000 ML	ABARIS	1000 ML	A3733203	7/26	30.00	360	30045020	65.25	27.95	12.00	10062.00
2	NS 500 ML	ABARIS	500 ML	A3731171	6/26	10.00	280	30045020	39.04	18.65	12.00	5222.00
						40	640					

Stock/No. of Boxes Received *Yes*
Subject to Physical Check
Name/Employee Code *Dr. Ananya*
Centre Name *Bhagat Chandra Hospital*
Date/Time *23/9/23 2:00 PM*
Signature *Ananya* M. No. *9506074008*

DELIVERY : PO:-9-092023-23607
BHAGAT CHANDRA HOSPITAL, NEAR DWARKA
AIRPORT FLYOVER

SUB TOTAL 15284.00
SGST 6 % 917.04
CGST 6 % 917.04
Roundoff 0.08

Rs. Seventeen Thousand One Hundred Eighteen Only

GRAND TOTAL 17118.00

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

