



INSTITUTE OF HEALTH SCIENCES

(A Unit of Margdarsi)

Office: N-2/41, I.R.C Village, Nayapalli, Bhubaneswar – 751015, Ph.:0674-2553640, 2550054
Campus: Chandaka, Bhubaneswar, Khordha, Odisha, pin: 754005, E-mail:ihsbbsr@margdarsi.org, web: www.ihsindia.org

8.1.6 – Invoices of Clinical instrumentation and tools

Tax Invoice

Rehab & Care N2/41, I.R.C Village, Nayapalli Bhubaneswar-751015 GSTIN/UIN: 21ABKPM8056B1ZX State Name : Odisha, Code : 21 E-Mail : rehabncare@gmail.com		Invoice No. 562	Dated 18-Mar-2021
Buyer Institute of Health Sciences State Name : Odisha, Code : 21		Delivery Note	Mode/Terms of Payment
		Supplier's Ref.	Other Reference(s)
		Buyer's Order No.	Dated
		Despatch Document No.	Delivery Note Date
		Despatched through	Destination
		Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Active Band		1 nos	1,850.00	nos	1,850.00
2	Flower Bed		1 nos	14,500.00	nos	14,500.00
3	Food Table		3 nos	3,200.00	nos	9,600.00
4	Mattress		3 nos	3,166.67	nos	9,500.00
5	Semi Flower Bed		2 nos	13,000.00	nos	26,000.00
						61,450.00
						CGST@9%
						9 %
						5,530.50
						SGST@9%
						9 %
						5,530.50
Total						10 nos
						₹ 72,511.00

Amount Chargeable (in words) **INR Seventy Two Thousand Five Hundred Eleven Only**
E. & O.E



HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	61,450.00	9%	5,530.50	9%	5,530.50	11,061.00
Total	61,450.00		5,530.50		5,530.50	11,061.00

Tax Amount (in words) : **INR Eleven Thousand Sixty One Only**

Company's VAT TIN : **21545600530**

Declaration
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

This is a Computer Generated Invoice


 for Rehab & Care
 Date: **18/03/2021**
 Authorised Signatory: 


Director
Institute of Health Sciences
Bhubaneswar



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Tax Invoice

Rehab & Care N2/41, I.R.C Village, Nayapalli Bhubaneswar-751015 GSTIN/UIN: 21ABKPM8056B1ZX State Name : Odisha, Code : 21 E-Mail : rehabncare@gmail.com		Invoice No. 563	Dated 18-Mar-2021	
Buyer Institute of Health Sciences State Name : Odisha, Code : 21		Delivery Note	Mode/Terms of Payment	
		Supplier's Ref.	Other Reference(s)	
		Buyer's Order No.	Dated	
		Despatch Document No.	Delivery Note Date	
		Despatched through	Destination	
		Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount		
1	Hand Dynamometer		3 nos	450.00	nos	1,350.00		
2	Interferential Therapy Vectrodyne		1 nos	25,000.00	nos	25,000.00		
3	Air Bed		2 nos	3,200.00	nos	6,400.00		
4	Shoulder Wheel Acial		1 nos	2,250.00	nos	2,250.00		
5	Sphygmomanometer		1 nos	2,280.00	nos	2,280.00		
6	Stethoscope		1 nos	1,150.00	nos	1,150.00		
7	Tilt Table Manual		1 nos	16,000.00	nos	16,000.00		
						54,430.00		
						CGST@6%	6 %	3,265.80
						SGST@6%	6 %	3,265.80
Total						10 nos		₹ 60,961.60

Amount Chargeable (in words)
INR Sixty Thousand Nine Hundred Sixty One and Sixty paise Only
E. & O.E

Company's VAT TIN : 21545600530
Declaration
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

This is a Computer Generated Invoice

for Rehab & Care
Authorized Signatory

Director
Institute of Health Sciences
Bhubaneswar



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Tax Invoice (DUPLICATE FOR TRANSPORTER)

Shree Enterprisers Company's GSTIN/UN : 21ANOPP9533A1Z3 www.shreeenterprisers.com		Invoice No. T-3192 Delivery Note		Dated 31-Dec-2020 Mode/Terms of Payment	
Buyer I.H.S NAYAPALI BHUBANESWAR Phone No-9438005095 State Name : Odisha, Code : 21		Supplier's Ref.		Other Reference(s)	
		Buyer's Order No.		Dated	
		Despatch Document No.		Delivery Note Date	
		Despatched through		Destination	
		Terms of Delivery			

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	WAX BATH-UB PHYSIO	90189099	12 %	1 pcs	8,500.00	pcs		8,500.00
2	Activ Band Yellow 4054	4008	18 %	2 pcs	254.24	pcs		508.48
3	Active Band Red 4054	4008	18 %	1 pcs	279.66	pcs		279.66
4	Paraffin Wax	27122090	18 %	2 pcs	280.00	pcs		560.00
								9,848.14
CGST								631.33
SGST								631.33
Round Off								0.20
Total								₹ 11,111.00

Amount Chargeable (in words): **INR Eleven Thousand One Hundred Eleven Only**

HSN/SAC	Taxable Value		Central Tax		State Tax		Total Tax Amount
	Value	Rate	Amount	Rate	Amount		
90189099	8,500.00	6%	510.00	9%	510.00	1,020.00	
4008	788.14	9%	70.93	9%	70.93	141.86	
27122090	560.00	9%	50.40	9%	50.40	100.80	
Total			9,848.14		631.33	1,262.66	

Tax Amount (in words): **INR One Thousand Two Hundred Sixty Two and Sixty Six paise Only**

Company's Bank Details
 Bank Name : **State Bank of India**
 A/c No. : **30960226976**
 Branch & IFS Code : **BAPUJINAGAR & SBIN0006408**

Company's GSTIN/UN : **21ANOPP9533A1Z3**

Declaration
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for Shree Enterprisers

 Authorised Signatory

SUBJECT TO BHUBANESWAR JURISDICTION
 This is a Computer Generated Invoice

Director
 Institute of Health Sciences
 Bhubaneswar