

# FEEDBACK FORM

Invoice To <b>DITS HOSPITAL</b> 2-FR, FL-2/A, 54 HARISH MUKHERJEE ROAD, KOLKATA - 700068 GSTIN/UIN: 19AASCA6670R1ZI State Name : West Bengal, Code : 19				Consignee (Ship to)		Supplier (Bill From) <b>sub1</b> sd GSTIN/UIN : 3	
SL No.	Req No.	Description of Goods	SGST Rate	CGST Rate	Quantity	Deliverable Qty	Remarks
1	DITS/REQ/22-23/14	bottles(208 LTR:33,208 LTR:dsd,)	1.5%	1.5%	4 unit one		
E. & O.E							
Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.				For DITS HOSPITAL  Authorised Signatory			