| FEEDBACK FORM | | | | | | | | |
|---|----------------------|----------------------------------|-----|---------------------|-------------------|------------|---|---------|
| Invoice To DITS HOSPITAL 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) sub1 sd GSTIN/UIN: 3 | |
| SL No. | Req No. | | SGS | T Rate | CGST Rate | Quantity | Deliverable Qty | Remarks |
| 1 | DITS/REQ/22- 23/8 | bottles(208 LTR:33,208 LTR:dsd,) | 1 | .5% | 1.5% | 2 unit one | | |
| 2 | DITS/REQ/22- 23/8 | bottles(208 LTR:33,208 LTR:dsd,) | 1 | .5% | 1.5% | 2 unit one | | |
| E. & O.E | | | | | | | | |
| | | | | | For DITS HOSPITAL | | | |

Authorised Signatory

Declaration

We declare that this invoice shows the actual price of the goods

described and that all particulars are true and correct.