| 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 | | | Cor | Consignee (Ship to) | | Supplier (Bill From) sub1 sd GSTIN/UIN: 3 | |
| SL No. | Req No. | _ | SGST Ra | te CGST Rate | Quantity | Deliverable Qty | Remarks |
| 1 | DITS/REQ/22- 23/13 | bottles(208 LTR:33,208 LTR:dsd,) | 1.5% | 1.5% | 9 unit one | , | |
| E. & O.E | | | | | | | |
| Declaration We declare that this invoice shows the actual price of the goods | | | | | | For DITS HO | SPITAL |

Authorised Signatory

described and that all particulars are true and correct.