

**Swami Rama Himalayan University**

Swami Ram Nagar, Jolly Grant

Doiwala-Dehradun

**State Name: Uttarakhand, Code: 05**

**E-Mail: [finance@srhu.edu.in](mailto:finance@srhu.edu.in)**

**Category:** Other expenditure on creation of Capital Assets  
(excluding expenditure on Land and Building)

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**JV No 6374**

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1	Bill No 1	₹6,702
	<b>Total</b>	<b>₹ 6,702</b>

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61  
9/10/2024

Swami Rama Himalayan University  
Swami Ram Nagar, Jolly Grant  
Doiwala-Dehradun  
State Name : Uttarakhand, Code : 05  
E-Mail : finance@srhu.edu.in

Journal Voucher

No. : 6374

Dated : 31-Aug-24

Particulars	Debit	Credit
Medical Instruments & Others SRHU IGST EXP. 12% Primary Cost Category Hospital Exp.HH 718.00 Dr	Dr 5,984.00 Dr 718.00	
To Sam Health Care New Ref: SHC/24-26/16601.07.2024 6,702.00 Cr		6,702.00
	<del>₹ 6,702.00</del>	<del>₹ 6,702.00</del>

On Account of :  
LARYNGOSCOPIC HANDLE ADULT WITH 4 BLADE FOR EMERGENCY ICU DEP.

Authorised Signatory

Prepared by

**Tax Invoice**

(ORIGINAL FOR RECIPIENT)

<b>SAM HEALTH CARE</b> Plot 209-210 3rd Pocket 8 Sector 23 Rohini New Delhi 110085 GSTIN/UIN: 07CWEPK8670A1ZK State Name : Delhi, Code : 07 Contact : 9999343563, 9999343549 E-Mail : samhealthcare25@gmail.com		Invoice No. <b>SHC/24-25/65</b>	Dated <b>1-Jul-24</b>
Consignee (Ship to) <b>Swami Rama Himalayan University</b> Swami Rama Nager, P.O. Jolly Grant, Distt. Dehradun, 248016 GSTIN/UIN : 05AAAJH0463L1ZC State Name : Uttarakhand, Code : 05		Delivery Note	Mode/Terms of Payment
Buyer (Bill to) <b>Swami Rama Himalayan University</b> Swami Rama Nager, P.O. Jolly Grant, Distt. Dehradun, 248016 GSTIN/UIN : 05AAAJH0463L1ZC State Name : Uttarakhand, Code : 05		Reference No. & Date.	Other References
		Buyer's Order No. <b>24-25/ 1277</b>	Dated <b>24-Jun-24</b>
		Dispatch Doc No.	Delivery Note Date
		Dispatched through	Destination
		Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	Laryngoscope Handle Adult with 4 Blade	90192090	12 %	1 Pcs	6,800.00	Pcs	12 %	5,984.00
			I.G.S.T					718.08
Received by <i>[Signature]</i> Date <i>29/7/24</i> Deptt. of Materials Management								
Passed for payment of Rs. <i>6702/-</i> (Rupees <i>Six Thousand Seven Hundred Two Only</i> ) Supplied by M/s. <i>SAM Healthcare</i> GRN No. <i>2570</i> dated <i>6/7/24</i> Purchased for <i>Emergency ICU</i> GRN Entered by <i>A. Kish Sharma</i> MMD (Authorised Signatory)								
HHT MMD 0 21 Dt. 13/8/24								
Passed for Rs. <i>6702</i> Paid Vide Cheque <i>561972</i> Bank <i>SB</i> No/c <i>33082676422</i> Dt. <i>17/9/24</i> Roshan Naugain Manager Procurement & Sourcing								
Total 1 Pcs								<b>₹ 6,702.08</b> E & O E

Amount Chargeable (in words)	<b>INR Six Thousand Seven Hundred Two and Eight paise Only</b>		
	Taxable Value	IGST Rate	Total Tax Amount
	5,984.00	12%	718.08
<b>Total:</b>	<b>5,984.00</b>		<b>718.08</b>

Tax Amount (in words) : **INR Seven Hundred Eighteen and Eight paise Only**

Company's VAT TIN : 07920467506 Company's CST No. : 07920467506 Company's PAN : CWEPK8670A	Company's Bank Details A/c Holder's Name: SAM HEALTH CARE Bank Name : OD A/C HDFC BANK LTD A/c No. : 50200062973512 Branch & IFS Code: Rohini Sector 8 & HDFC0000886 for SAM HEALTH CARE <i>[Signature]</i> Authorised Signatory
Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct subject to delhi jurisdiction	

Issued to *EMR ICU* Stock Reg. Page No. *90*  
 MTR No. *5819* Dated *29/7/24*

Quality checked & accepted  
 by *[Signature]*

SUBJECT TO DELH JURISDICTION  
 This is a Computer Generated Invoice