

5 Box



MANEXPIMP SURGICARE  
Together through life

**Manexpimp Surgicare ( India ) Pvt. Ltd**

A-100  
SECTOR 65,  
NOIDA Uttar Pradesh 201301  
India  
GSTIN 09AALCM0495R1ZJ

ORIGINAL

**TAX INVOICE**

Invoice#	: <b>INV-001577</b>	Place Of Supply	: <b>Delhi (07)</b>
Invoice Date	: <b>28/02/2023</b>		
Terms	: <b>Due on Receipt</b>		
Due Date	: <b>28/02/2023</b>		
P.O.#	: <b>100-022023-21738-8 (1)</b>		

<b>Bill To</b>	<b>Ship To</b>
<b>DCDC Health Services Private Limited</b> C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	<b>DCDC KIDNEY CARE MOTI NAGAR</b> H-1 KAILASH PARK NEAR MOTI NAGAR METRO STATION PILLAR NO 330 110015 DELHI India 8368219908

#	Item & Description	MRP	HSN/SAC	Qty	Rate	IGST		Amount
						%	Amt	
1	Catheterization Kit OFF KIT	₹70.00	3005	10.00 /piece	32.00	12%	38.40	320.00
2	Catheterization Kit ON KIT	₹70.00	3005	10.00 /piece	35.00	12%	42.00	350.00
3	Fistula Kit OFF KIT	₹30.00	3005	1,000.00	8.50	12%	1,020.00	8,500.00
4	Fistula Kit OFF KIT	₹30.00	3005	2,000.00	8.50	12%	2,040.00	17,000.00
5	Fistula Kit OFF KIT	₹30.00	3005	2,000.00	8.50	12%	2,040.00	17,000.00
6	Fistula Kit ON KIT	₹30.00	3005	1,000.00	8.50	12%	1,020.00	8,500.00
7	Fistula Kit ON KIT	₹30.00	3005	900.00	8.50	12%	918.00	7,650.00
8	Fistula Kit ON KIT	₹30.00	3005	100.00	8.50	12%	102.00	850.00

Total In Words  
**Rupees Sixty-Seven Thousand Three Hundred Ninety and Forty Paise Only**

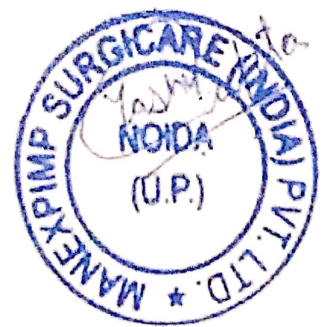
Sub Total	60,170.00
IGST (12%)	7,220.40
<b>Total</b>	<b>₹67,390.40</b>
<b>Balance Due</b>	<b>₹67,390.40</b>

Looking forward for your business.

**Bank Account Details:**

INDUS IND BANK  
ACCOUNT NO : 257668230440  
IFS C : INDB0000733

**Terms & Conditions**  
 Delivery time would be maximum 10 business days after Purchase Order  
 Goods once sold will not be taken back or exchanged.  
 All disputes subject to Allahabad jurisdiction only.  
**Payment Terms:**  
 \* Net 30 days from the date of invoice.  
 \* Those charges may accrue late interest @ 2% of the outstanding balance per week, or the maximum rate permitted by the law, whichever is lower.



Authorized Signature

DCDCHSPL CENTRE-KALRA HOSPITAL, MOTI NAGAR  
**MATERIAL RECEIVED**  
 DATE: 2/3/2023  
 TIME 12:42 AM RECEIVED BY: *Neel Oberoi*