

3 Box



MANEXPIMP SURGICARE

### Manexpimp Surgicare ( India ) Pvt. Ltd

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

ORIGINAL

## TAX INVOICE

Invoice# : **INV-002410** 109  
Invoice Date : **07/03/2024**  
Terms : **Due on Receipt**  
Due Date : **07/03/2024**  
P.O.# : **120-032024-25589-1 (65)**

Place Of Supply : **Delhi (07)**

#### Bill To

**DCDC Health Services Private Limited**  
C-185, MAYAPURI INDUSTRIAL AREA  
PHASE -2  
DELHI  
110064 Delhi  
India  
GSTIN 07AAFCD0204K1Z1

#### Ship To

**NAYYAR HOSPITAL**  
3 DASONDA SINGH RD AMRITSAR  
143001 Punjab  
India  
8595955923

#	Item & Description	HSN/SAC	Qty	Rate	IGST %	Amt	Amount
1	DIALYZER BOX	392330	30.00 /piece	270.00	18%	1,458.00	8,100.00

Total In Words  
**Rupees Twelve Thousand Eight Hundred Sixty-Two Only**

Notes

THANK YOU FOR YOUR BUSINESS

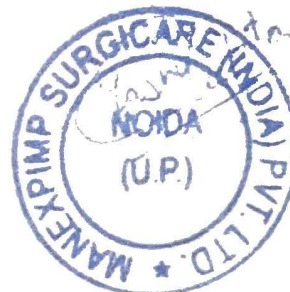
Sub Total	8,100.00
Shipping charge (IGST (18%))	2,800.00
SAC: 996511	
IGST (18%)	1,962.00
<b>Total</b>	<b>₹12,862.00</b>
<b>Balance Due</b>	<b>₹12,862.00</b>

### Bank Account Details:

INDUS IND BANK  
ACCOUNT NO : 257668230440  
IFS C : INDB0000733

#### Terms & Conditions

Goods once sold will not be taken back OR exchanged.  
Bill not paid on due date will attract 24% interest.  
All disputes subjects to ALLAHABAD Jurisdiction only.  
Certified that the particulars given above is true and correct.  
Price quoted is ExNoida.



Authorized Signature

6551  
18/03/24



Stock/No. of Boxes Received ..... **2 Box**  
Subject to Physical Check  
Name/Employee Code ..... **Tanujet**  
Centre Name ..... **Nayyar Hospital**  
Date/Time ..... **12/3/24 11:30 AM**  
Signature ..... **Tanujet** ..... M. No. .... **7710185988**