


<b>Poly Medicare Limited</b> PLOT NO. 33-34, Sector 68, IM1 Faridabad Haryana, India, 121004 Phones: 01293355070 Fax: N/A Email: plant@polymedicare.com Mfg Drug License No. MFG/MD/2018/000032, MFG/MD/2020/000183 Whole sale Drug License No. RL121H2023HR000464/20H2023HR000470		
	PAN No.: AAACP3891P      CIN No.: L40300DL1995PLC066923 GSTIN: 06AAACP3891P1ZV      State Code: 06 - Haryana	

Customer Purchase Order No./Date: SHOW BELOW \*      **Invoice No & Date : 2415111314 / 13.11.2024**

<b>Name &amp; Address of Customer/Bill to</b> <b>1102593</b> M/s. DCDC Health Services Pvt. Ltd. C-185, 1st Floor, Mayapuri Industrial Area, Phase-II, New Delhi 110064, Delhi ( India ) TEL No. 01145581006, 8506005916 Email: scm@dcdc.co.in Drug Lic:N/A 31.12.9999 GSTIN:07AAAFCD0204K1Z1      PAN:AAFCD0204K	<b>Consignee/Ship To</b> <b>1500906</b> M/s. DCDC Health Service Pvt. Ltd DH Peddapalli Peddapalli Distt-Karim Nagar 505172, Telangana ( India ) TEL No. 8588850032, Email: Drug Lic:N/A 31.12.9999 GSTIN: PAN: State Code: 36 - Telangana
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Payment Terms: Payment Due in 120 Days Delivery Terms: FOR Delhi Sales Order : SHOW BELOW * Del. No. : SHOW BELOW * Payment Method : Normal Sales	Place of Supply : 07 - Delhi Date of Issue of Invoice : 13.11.2024 Mode of Tpt & Vehicle No.: BY ROAD / Transporter : GATI EXPRESS & SUPPLY CHAIN
---------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

Bank Detail: STATE BANK OF INDIA SME BRANCH, FARIDABAD A/C NO. 10410101725 IFSC CODE# - SBIN0009950 Scan & Pay Using Any UPI App to UPI ID : polymed@sbi	G.R/L.R. No./ Date: 315403446
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------

S.No	Description of Goods	HSN Code	No. of Pkg	Quantity NO (s)	Rate/Unit INR	Taxable Value	IGST Rate( %)	IGST Amount
1	HAEMOLINE - BLOOD LINE SET POST PUMP B/No.6354924L[Mfg:2024-10,Exp:2029-09]320,	90183990	8	320.00	84.0000	26,880.00	12	3,225.60
<b>TOTAL</b>						<b>26,880.00</b>		<b>3,225.60</b>

IGST:( INR ) Rupees Three Thousand Two Hundred Twenty Five And Sixty Paise Only	IGST	3,225.60
	TCS	30.11
	Rounding Off	0.29
<b>Grand Total (In INR in Words): Rupees Thirty Thousand One Hundred Thirty Six Only</b>	<b>Grand Total For Customer ( INR )</b>	<b>30,136.00</b>

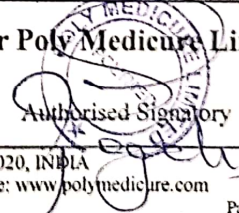
**Remarks: Whether tax is payable on reverse charge: NO**  
 PO No.: 119-112024-28497 email dt, 07.11.24/00.00.0000  
 Sale Order No.: 1010253648/12.11.2024  
 Del No.: 8110249260/13.11.24

Certified that the Particulars stated above are true and correct and the price indicated represents the price actually charged and there is no flow of additional consideration directly or indirectly from the buyer.  
**Terms & Conditions**  
 1. Interest @ 15% will be charged if payments are made after the due date.  
 2. GST will be applicable on Interest & Penalty for delayed payment.  
 3. Goods are insured under Marine Cargo open Policy.  
 4. Goods once sold will not be taken back.  
 5. All disputes are subject to Faridabad jurisdiction only.

IRN : 657b722967f931df8dde3e9b75a25d9d1efa3738dbbe8961b2c8241c1323dccc

2654

Stock/No. of Boxes Received ..... 08 .....  
 Subject to Physical Check  
 Name Employee Code .. D. Sravan Kumar 10702967  
 Centre Name ..... Peddapalli .....  
 Date Time ..... 21/11/24 ..... 6 PM .....  
 Signature ..... [Signature] ..... M. No. 989494080

Prepared By Chetan Kumar Chaudhary	Checked By	For Poly Medicare Limited 
Regd Office: 232B, 3rd FLOOR, OKHLA INDUSTRIAL ESTATE PHASE - III, NEW DELHI - 110020, INDIA Phones: 011-26321838,33550700 Fax:26321894/39 Email: customercare@polymedicare.com, info@polymedicare.com Website: www.polymedicare.com		

