

PLOT NO. 33-34, Sector 68, IMT
 Faridabad Haryana, India ,121004
 Phones: 01293355070 Fax: N/A
 Email plant@polymedicure.com
 Mfg Drug License No : MFG/MD/2018/000032, MFG/MD/2020/000183
 Whole sale Drug License No : RLF21B2023HR000464/20B2023HR000470



PAN No.: AAACP3891P CIN No.: LA0300DL1995PLC066923
 GSTIN: 06AAACP3891P1ZV State Code: 06 - Haryana

Customer Purchase Order No./Date: SHOW BELOW ↓

Invoice No & Date : 2415110977 / 30.10.2024

Name & Address of Customer/Bill to
1102593
 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:AAAFCD0204K

Consignee/Ship To **1501731**
 M/s. DCDC Health Service Pvt. Ltd
 TH Ramdurg GENERAL HOSPITAL Ramdurg, Dist. RAMDURGA, Belagavi road, BELGAVI 591123, Karnataka (India)
 TEL No. 9148287726, Email:
 Drug Lic:N/A 31.12.9999
 GSTIN: PAN:
 State Code: 29 - Karnataka

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: 30.10.2024
 Mode of Tpt & Vehicle No.: BY ROAD /
 Transporter: GATI EXPRESS & SUPPLY CHAIN

Bank Detail: STATE BANK OF INDIA
 SME BRANCH, FARIDABAD
 A/C NO. 1041010175
 IFSC CODE# - SBIN0009950
 Scan & Pay Using Any UPI App to UPI ID : polymed@sbi

G.R./L.R. No./ Date: 315405273
 QR Code
 IRN : b999844d883970ee0ed4d205ad4c3fd657668a7bede6731ed141deda061fd223

S.No	Description of Goods	HSN Code	No. of Pkg	Quantity NO (s)	Rate/Unit INR	Taxable Value	IGST Rate(%)	IGST Amount
1	HAEMOFLUX MFP 140 ME PC PML-D B/No.8538024L[Mfg:2024-10,Exp:2027-09]84,	90189031	3	84.00	252.5000	21,210.00	5	1,060.50
TOTAL			3	84.00		21,210.00		1,060.50
						Taxable Value	21,210.00	
IGST:(INR) Rupees One Thousand Sixty And Fifty Paise Only						IGST TCS	@0.1%	1,060.50
						Rounding Off	0.23	
Grand Total (In INR in Words): Rupees Twenty Two Thousand Two Hundred Ninety Three Only						Grand Total For Customer (INR)	22,293.00	

Remarks: Whether tax is payable on reverse charge: NO
 PO No.: 184-102024-27868 email dt, 04.10.24/00.00.0000
 Sale Order No.: 1010249696/09.10.2024
 Del No.: 8110248521/30.10.24

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
- Interest @ 15% will be charged if payments are made after the due date.
 - GST will be applicable on Interest & Penalty for delayed payment.
 - Goods are insured under Marine Cargo open Policy.
 - Goods once sold will not be taken back.
 - All disputes are subject to Faridabad jurisdiction only.

Stock No. of Boxes Received 3 Boxes
 Subject to Physical Check
 Name/Employee Code Tejesh Kumar S K
 Centre Name TH Ramdurg
 Date/Time 14/11/24
 Signature [Signature] M. No. 9148287726

5898



Prepared By Jagdish

Checked By

For Poly Medicure Lim

Authorised Signatory
 [Signature]

Regd Office: 232B, 3rd FLOOR, OKHLA INDUSTRIAL ESTATE PHASE - III, NEW DELHI - 110020, INDIA
 Phones: 011-26321838,33550700 Fax:26321894/39 Email: customercare@polymedicure.com, info@polymedicure.com Website: www.polymedicure.com

Poly Medicare Limited

PLOT NO 33-34, Sector 68, IMT
 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 : RLF21B2023HR000464/20B2023HR000470



PAN No.: AAACP3891P CIN No.: LA0300DL1995PLC066923
 GSTIN : 06AAACP3891P1ZV State Code : 06 - Haryana

Customer Purchase Order No./Date: SHOW BELOW ↓

Invoice No & Date : 2415110976 / 30.10.2024

Name & Address of Customer/Bill to 1102593

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:07AAFCD0204K1Z1 PAN:AAFCD0204K

Consignee/Ship To 1501731
 M/s. DCDC Health Service Pvt. Ltd
 TH Ramdurg GENERAL HOSPITAL Ramdurg, Dist. RAMDURGA, Belagavi road, BELGAVI 591123, Karnataka (India)
 TEL No. 9148287726, Email:
 Drug Lic:N/A 31.12.9999
 GSTIN: PAN:
 State Code: 29 - Karnataka

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 : 30.10.2024
 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

G.R/L.R. No./ Date: 315405280



Scan & Pay Using Any UPI App to UPI ID : polymed@sbi

IRN : 248f19e1c2e3dc6fb756034305d86f91299753c18c4da61436c8729340c473bb

S.No	Description of Goods	HSN Code	No. of Pkg	Quantity NO (s)	Rate/Unit INR	Taxable Value	IGST Rate(%)	IGST Amount
1	HAEMOFLUX MFP 140 ME PC PML-D B/No.8538024L[Mfg:2024-10,Exp:2027-09]28,	90189031	1	28.00	252.5000	7,070.00	5	353.50
TOTAL								7,070.00
						Taxable Value		353.50
IGST: (INR) Rupees Three Hundred Fifty Three And Fifty Paise Only						IGST TCS	@0.1%	7.42
						Rounding Off		0.08
Grand Total (In INR in Words): Rupees Seven Thousand Four Hundred Thirty One Only						Grand Total For Customer (INR)		7,431.08

Remarks: Whether tax is payable on reverse charge: NO

PO No.: 184-102024-27868 email dt, 04.10.24/00.00.0000
 Sale Order No.: 1010249696/09.10.2024
 Del No.: 8110248512/30.10.24

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.

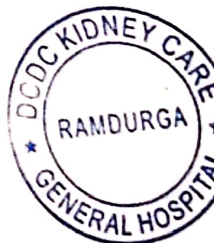
Terms & Conditions

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- GST will be applicable on Interest & Penalty for delayed payment.
- Goods are insured under Marine Cargo open Policy.
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IRN : 248f19e1c2e3dc6fb756034305d86f91299753c18c4da61436c8729340c473bb

Stocking of boxes received 1 Box :
 Subject to Physical Check
 Name/Employee Code Tejashwini SK
 Centre Name T.H. Ramdurg
 Date/Time 14/11/24
 Signature [Signature] M. No. 9148287726

5896



Prepared By Chetan Kumar Chaudhary

Checked By

For Poly Medicare Lin

Authorised Signatory

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