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| <p><b>Poly Medicure Limited</b><br/>                 PLOT NO. 33-34, Sector 68, IMT<br/>                 Faridabad Haryana, India ,121004<br/>                 Phones: 01293355070 Fax: N/A<br/>                 Email: plant@polymedicure.com<br/>                 Mfg Drug License No.:MFG/MD/2018/000032, MFG/MD/2020/000183<br/>                 Whole sale Drug License No : HR-770659-OW/H,HR-770659-W/H</p> |  |
| PAN No.: AAACP3891P      CIN No.: L40300DL1995PLC066923<br>GSTIN : 06AAACP3891P1ZV      State Code : 06 - Haryana  |   |

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| Customer Purchase Order No./Date: SHOW BELOW ↓ | <b>Invoice No &amp; Date : 2315103450 / 14.07.2023</b> |
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| <p><b>Bill to</b>      <b>1102593</b><br/>                 M/s. DCDC Health Services Pvt. Ltd.<br/>                 C-185, 1st Floor, Mayapuri Industrial Area,Phase-II, New Delhi 110064 , Delhi ( India )<br/>                 TEL No. 01145581006 , 8506005916 Email: scm@dcdc.co.in<br/>                 Drug Lic:N/A 31.12.9999<br/>                 GSTIN:07AAFCD0204K1Z1      PAN:AAFCD0204K</p> | <p><b>Ship To</b>      <b>1500925</b><br/>                 M/s. DCDC Health Service Pvt. Ltd<br/>                 Sahara hospital Janu Nagar, Simariya, Post- Kemri, Tehsil-Milak Rampur<br/>                 243701 , Uttar Pradesh ( India )<br/>                 TEL No. 8279538027 , Email:<br/>                 Drug Lic:N/A 31.12.9999<br/>                 GSTIN: PAN:<br/>                 State Code: 09 - Uttar Pradesh</p> |
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| Payment Terms:      Payment Due in 120 Days<br>Delivery Terms:      FOR Delhi<br>Sales Order :      SHOW BELOW ↓<br>Del. No .      SHOW BELOW ↓<br>Payment Method :      Normal Sales | Place of Supply :      07 - Delhi<br>Date of Issue of Invoice :      14.07.2023<br>Mode of Tpt & Vehicle No.:      /<br>Transporter :      DELIVERY EXPRESS |
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| Bank Detail:      STATE BANK OF INDIA<br>SME BRANCH, FARIDABAD<br>A/C NO. 10410101725<br>IFSC CODE# - SBIN0009950<br>Scan & Pay Using Any UPI App to UPI ID : polymed@sbi | G.R/L.R. No./ Date:      234661722<br> |
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IRN : ec37985d3436f831a24fbd67ab063537101d2ab35df3da446be511c6ff7d378

| S.No         | Description of Goods   | HSN Code | No. of Pkg | Quantity NO (s) | Rate/Unit INR | Taxable Value | IGST Rate( %) | IGST Amount   |
|--------------|--|----------|------------|-----------------|---------------|---------------|---------------|---------------|
| 1            | TRANSDUCER PROTECTOR<br>B/No.1059123F[Mfg:2023-06,Exp:2028-05]500, | 90183990 | 1          | 500.00          | 5.5000        | 2,750.00      | 12            | 330.00        |
| <b>TOTAL</b> |  |          |            |                 | <b>1</b>      | <b>500.00</b> |               | <b>330.00</b> |

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|---|----------------------------|
| Taxable Value   | 2,750.00                   |
| IGST:( INR ) Rupees Three Hundred Thirty Only                                 | 330.00                     |
| TCS @0.1%   | 3.08                       |
| Rounding Off  | 0.08-                      |
| <b>Grand Total (In INR in Words): Rupees Three Thousand Eighty Three Only</b> | <b>Grand Total ( INR )</b> |
|   | <b>3,083.00</b>            |

**Remarks: Whether tax is payable on reverse charge: NO**  
 PO No.: 111-062023-22848-3email dt,07.06.23/00.00.0000  
 Sale Order No.: 1010188582/08.06.2023  
 Del No.: 8110204124/14.07.23

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 made after 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 *1 Box*.....  
 Subject to Physical Check  
 Name/Employee Code *Mohd Rizwan D602411*  
 Centre Name *Sahara Hospital*  
 Date/Time *28/7/2023 3:30 P.M*  
 Signature *[Signature]* M. No. *01279530027*

*Li 272706*  
**BDCHSPL CENTRE-SAHARA HOSPITAL RAMPUR-UP**  
**MATERIAL RECEIVED**  
 DATE.....  
 TIME.....RECEIVED BY.....



**For Poly Medicure Limited**

Prepared By ANIL Kumar

Checked By *[Signature]*

Authorised Signatory