

LR: 255584411  
 MAWB: 21605310056770  
 Box count: DOC  
 Client: MANEXPRIME B2B  
 M Pincode: 681369  
 OID: 2467  
 21605310056803

4411  
 3 Box

xpimp Surgicare ( India ) Pvt.

65,  
 Uttar Pradesh 201301

ORIGINAL

TAX INVOICE

Invoice# : INV-002457  
 Invoice Date : 13/03/2024  
 Terms : Net 60  
 Due Date : 12/05/2024  
 P.O.# : 199-032024-25316 (40)

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  
 TH YELLAPURA  
 TALUKA HOSPITAL YALLAPUR TALUKA YALLAPUR DIST  
 UTTAR KANNADA  
 581359 Telangana  
 India  
 8867417094

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit ON KIT	3005	150.00	7.40	12%	133.20	1,110.00
2	Fistula Kit OFF KIT	3005	150.00	7.40	12%	133.20	1,110.00
3	Catheterization Kit OFF KIT	3005	50.00 /piece	28.00	12%	168.00	1,400.00
4	Catheterization Kit ON KIT	3005	50.00 /piece	28.00	12%	168.00	1,400.00
5	Shoe Cover (Plastic)	3924	200.00 /pair	1.90	18%	68.40	380.00
6	Disposable Head cap	62103090	200.00 /piece	0.85	5%	8.50	170.00
7	Face Mask	62103090	200.00 /piece	1.57	5%	15.70	314.00
8	BEDSHEET	6307	200.00 /piece	13.50	5%	135.00	2,700.00

Total In Words  
**Rupees Fourteen Thousand Three Hundred Seventy Only**

Notes  
 THANK YOU FOR YOUR BUSINESS

**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.

Sub Total	8,584.00
Shipping charge (IGST (18%))	4,200.00
SAC: 996511	
IGST (12%)	602.40
IGST (18%)	824.40
IGST (5%)	159.20
<b>Total</b>	<b>₹14,370.00</b>
<b>Balance Due</b>	<b>₹14,370.00</b>

Stock/No. of Boxes Received **3 Box**  
 Subject to Physical Check  
 Name/Employee Code **Drakshayani**  
 Centre Name **Taluka Hospital Yellapur**  
 Date/Time **03/04/2024 at 2:30pm**



Authorized Signature