

DELHIVERYCreated Date: 05/02/24
Pickup Date: 05/02/24**254222433**

254222433

1. FROM: Drop-Off

Shipper's Name: RAMLALTEMPOSERP B2BR

Shipper's Phone Number:

Street Name: CB-382/5, RING ROAD <NARAINA, NEW DELHI -110028

City: Delhi State: Delhi Postal Code: 110028

GST NO.:

2. SHIPMENT INFORMATION

SHIPPER'S REFERENCE NO. (25 characters): arvind dcdc

INVOICE NO.: 1465

EWBN :

TOTAL INVOICE VALUE: 5299.0

Master Id: 21407810041193

BOXES x
DIMENSION (LxWxH)
cm *COMMODITY
DESCRIPTION

TOTAL WEIGHT *

Medical goods

60.0 kgs

3: 10 x 10 x 10

*As declared by the client; billed weight may vary.

BOX COUNT: 3

DOCUMENT RECEIVED: INVOICE () TAX FORMS () OTHERS ().....

No. Of DOCUMENTS:

3. REQUIRED SIGNATURE - ORIGIN:

DELHIVERY EMP ID:.....

SHIPPER'S
SIGN:.....

DELHIVERY LIMITED

REGISTERED OFFICE: N24-N34, S24-S34, Air Cargo Logistics Centre-II, Opposite
Gate 6 Cargo Terminal, IGI Airport, New Delhi, India (110037)

TRANSPORTER ID: 06AAPCS9575E1ZR

CIN No: U63090DL2011PTC221234

PAN: AAPCS9575E

SPOTON LOGISTICS PVT LTD (Formerly Startrek Logistics Pvt Ltd)

REGISTERED OFFICE: Thanavan, 23/24, Infantry Road, Bengaluru, India (560001)

TRANSPORTER ID: 29AAQCS5815Q1Z1

CIN No: U63090GJ2011PTC108834

PAN: AAQCS5845Q

For terms and conditions visit www.delhivery.com

Printed on 09-Feb-2024 10:31 AM

4. TO:

Self Collect

Recipient's Name: dcdc health service pvt ltd, dcdc health service pvt ltd

Recipient's Phone Number:

Street Name: dcdc health service pvt ltd Dh dharwad Dharwad diatric hospital,
Dialysis unit, room no 52, killa road

City: Hubli State: Karnataka Postal Code: 580001

GST NO.:

Client/Store/Address Code:

5. MOT:

AIR GROUND

6. SPECIAL HANDLING:

FRAGILE HEAVY (>30 KG) DG. VAL CARGO. POD on Invoice

7. INSURANCE:

FOV. MARINE.

VALUE:

.....

8. PAYMENT:

TRANSPORT: SHIPPER RECIPIENT DUTIES & TAXES: SHIPPER RECIPIENT CASH ON DELIVERY COD AMOUNT: ₹0

CHEQUE ON DELIVERY:

CHEQUE BENEFICIARY'S NAME:

9. REQUIRED SIGNATURE - DESTINATION:

RECIPIENT'S SIGNATURE AND STAMP:

DATE..... TIME.....

Stock/No. of Boxes Received 031

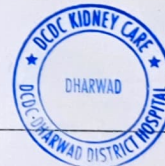
Subject to Physical Check



Name/Employee Code Jaya BH

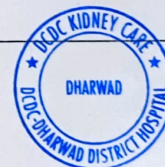
Centre Name

Date/Time 9/2/24 at 3:50pmSignature [Signature] M. No. 9976876888

LM POD



DELHIVERY		 SPOTON Engineered for Accuracy	Created Date: 05/02/24 Pickup Date: 05/02/24	254222337	 254222337
1. FROM:			Drop-Off <input type="checkbox"/>		
Shipper's Name: MANEXPRIME B2B			4. TO: Self Collect <input type="checkbox"/>		
Shipper's Phone Number:			Recipient's Name: DH Dharwad , DH		
Street Name: A 100 Sector 65 Noida Uttar Pradesh Noida, Noida, UTTAR PRADESH India 201301			Recipient's Phone Number:		
City: Noida State: Uttar Pradesh Postal Code: 201301			Street Name: Dharwad district hospital dialysis unit room no 52		
GST NO.:			City: Hubli State: Karnataka Postal Code: 580001		
2. SHIPMENT INFORMATION			GST NO.:		
SHIPPER'S REFERENCE NO. (25 characters): 2335			Client/Store/Address Code:		
INVOICE NO.: 2335		EWMN :			
TOTAL INVOICE VALUE: 30691		Master Id: 21605310051601			
# BOXES x DIMENSION (LxWxH) cm *	COMMODITY DESCRIPTION	TOTAL WEIGHT *			
6: 40 x 40 x 40	Fistula	84 kgs			
5. MOT:			6. SPECIAL HANDLING:		
AIR <input type="checkbox"/>			FRAGILE <input type="checkbox"/> HEAVY (>30 KG) <input type="checkbox"/> DG. <input type="checkbox"/>		
GROUND <input type="checkbox"/>			VAL CARGO. <input type="checkbox"/>		
POD on Invoice <input type="checkbox"/>					
7. INSURANCE:		8. PAYMENT:			
FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>		TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>			
VALUE:		DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>			
		CASH ON DELIVERY COD AMOUNT: ₹ 0			
		CHEQUE ON DELIVERY <input type="checkbox"/>			
		CHEQUE BENEFICIARY'S NAME:			
*As declared by the client; billed weight may vary.					
TOTAL NUMBER OF BOXES: 6			9. REQUIRED SIGNATURE - DESTINATION:		
DOCUMENT RECEIVED: INVOICE <input type="checkbox"/> () TAX FORMS <input type="checkbox"/> () OTHERS <input type="checkbox"/> ()			Check/No. of Boxes Received 06		
No. of DOCUMENTS:			Subject to Physical Check		
3. REQUIRED SIGNATURE - ORIGIN:			Name/Employee Code: <u>Jyothi C.M</u>		
DELHIVERY EMP ID:		SHIPPER'S SIGN:			
DATE:		TIME:			
Signature: <u>[Signature]</u>		Centre Name: <u>Dharwad unit</u>			
		Date/Time: <u>09/02/2024</u>			
		Signature: <u>[Signature]</u> M. No. <u>7899464460</u>			
DELHIVERY LIMITED		SPOTON LOGISTICS PVT LTD (Formerly Startrek Logistics Pvt Ltd)			
REGISTERED OFFICE: N24-N34, S24-S34, Air Cargo Logistics Centre-II, Opposite Gate 6 Cargo Terminal, IGI Airport, New Delhi, India (110037)		REGISTERED OFFICE: Thanavan, 23/24, Infantry Road, Bengaluru, India (560001)			
TRANSPORTER ID: 06AAPCS9575E1ZR		TRANSPORTER ID: 29AAQCS815Q1ZI			
CIN No: L63090DL2011PLC221234		CIN No: U63090GJ2011PTC108834			
PAN: AAPCS9575E		PAN: AAQCS5845Q			
For terms and conditions visit www.delhivery.com		LM POD			



6 Box

2337



MANEXPIMP SURGICARE
Together through life

Manexpimp Surgicare (India) Pvt. Ltd

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

ORIGINAL

TAX INVOICE

Invoice#	: INV-002335	Place Of Supply	: Delhi (07)
Invoice Date	: 31/01/2024		
Terms	: Net 60		
Due Date	: 31/03/2024		
P.O.#	: 167-012024-24986 (15)		

Bill To	Ship To
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	DH DHARWAD DHARWAD DISTRICT HOSPITAL DIALYSIS UNIT ROOM NO 52 580001 Telangana India 9986980020

#	Item & Description	MRP	HSN/SAC	Qty	Rate	IGST		Amount
						%	Amt	
1	Fistula Kit ON KIT	₹30.00	3005	1,000.00	7.50	12%	900.00	7,500.00
2	Fistula Kit OFF KIT	₹30.00	3005	1,000.00	7.50	12%	900.00	7,500.00
3	Catheterization Kit OFF KIT	₹90.00	3005	100.00 /piece	28.00	12%	336.00	2,800.00
4	Catheterization Kit ON KIT	₹90.00	3005	100.00 /piece	28.00	12%	336.00	2,800.00
5	Shoe Cover (Plastic)	₹10.00	3924	500.00 /pair	1.90	18%	171.00	950.00
6	Face Mask	₹10.00	62103090	500.00 /piece	1.57	5%	39.25	785.00
7	LASA BOX	₹550.00	392330	2.00 /piece	340.00	18%	122.40	680.00
8	Disposable Head cap	₹5.00	62103090	500.00 /piece	0.85	5%	21.25	425.00

Total in Words
Rupees Thirty Thousand Six Hundred Ninety-One Only

THANK YOU FOR YOUR BUSINESS

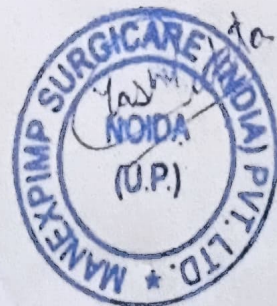
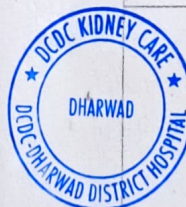
Bank Account Details:

INDUS IND BANK
ACCOUNT NO : 257668230440
IFS C : INDB0000733

Sub Total	23,440.00
Shipping charge (IGST (18%))	3,750.00
SAC: 996511	
IGST (12%)	2,472.00
IGST (18%)	968.40
IGST (5%)	60.50
Rounding	0.10
Total	₹30,691.00
Balance Due	₹30,691.00

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.



Stock/No. of Boxes Received **06.**
Subject to Physical Check
Name/Employee Code **Jyoti C.M**
Centre Name **Dharwad unit.**
Date/Time **09/02/2024.**
Signature **[Signature]** M. No. **1899464460.**

Authorized Signature