

Poly Medicure Limited

PLANT NO: 33-34, Sector 68, IMT
Faridabad Haryana, India - 121004
Phones: 01293355070 Fax: N/A
E-mail: plant@polymedicure.com
Mfg Drug License No: MFG/MD/2018/000032, MFG/MD/2020/000183
Wholesale Drug License No: RI121H2023HR000464/20H2023HR000470



PAN No: AAACP3891P CIN No: L40300DL1995PLC066923
GSTIN: 06AAACP3891PIZV State Code: 06 - Haryana

Customer Purchase Order No./Date: SHOW BELOW ↓

Invoice No & Date : 2415104511 / 06.07.2024

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@dcde.co.in
Drug Lic: N/A 31.12.9999
GSTIN: 07AAAFCD0204K1Z1 PAN: AAFCD0204K

Consignee/Ship To

M/s. DCDC Health Service Pvt. Ltd
District Hospital Sant Ravidas Nagar 100 BEDS HOSPITAL Jila Mukhyalaya
sarpatha gyanpur sant Ravidas Nagar Bhadoi, 221304, Uttar Pradesh (India)
TEL No. 9696944449, Email:
Drug Lic: N/A 31.12.9999
GSTIN: PAN:
State Code: 09 - Uttar Pradesh

1500782

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: 06.07.2024
Mode of Tpt & Vehicle No.: BY ROAD /
Transporter: DELIVERY EXPRESS

Bank Detail: STATE BANK OF INDIA
SME BRANCH, FARIDABAD
A/C NO: 10410101725
IFSC CODE#: SBIN0009950



G.R./L.R. No./ Date: 256119448



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

IRN: 659299dd4d7a22432ec9345dfda04c7529b8779c818e6df1c41895b507c310b

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.6211124F Mfg:2024-06,Exp:2029-05 200.	90183990	5	200.00	84.0000	16,800.00	12	2,016.00
TOTAL						16,800.00		2,016.00
Taxable Value								2,016.00
IGST: (INR) Rupees Two Thousand Sixteen Only						IGST @0.1%		18.82
Rounding Off								0.18
Grand Total (INR)								18,835.00

Grand Total (In INR in Words): Rupees Eighteen Thousand Eight Hundred Thirty Five Only

Remarks: Whether tax is payable on reverse charge: NO

PO No.: 104-072024-26682 email dt, 04.07.24/00.00.0000
Sale Order No.: 1010237556/05.07.2024
Del No.: 8110235521/06.07.24

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
Term: 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

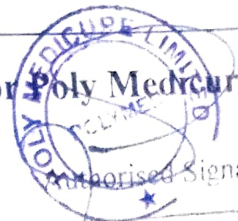
3780

Stock/No. of Boxes Received 5 box
Subject to Physical Check OK
Name/Employee Code Manmohan K
Centre Name Sant Ravidas
Date/Time 14/7/24
Signature M. No. 8083293100

Prepared By Jagdish

Checked By

For Poly Medicure Limited



Regd Office: 232B, 3rd FLOOR, OKHLA INDUSTRIAL ESTATE PHASE - III, NEW DELHI - 110020, INDIA

Phone: 011-26321838, 33550700 Fax: 26321894/39 Email: customercare@polymedicure.com, info@polymedicure.com Website: www.polymedicure.com



Poly Medicure Limited PLOT NO. 33-34, Sector 68, IMI Faridabad Haryana, India - 121004 Phones: 01293355070 Fax: N/A Email: plant@polymedicure.com Mfg. Drug License No: MHG/MD/2018/000032; MHG/MD/2020/000183 Wholesale Drug License No: RL12H2023HR0000464/20H2023HR0000470		PAN No: AAACP3891P CIN No: L40300DL1995PLC066923 GSTIN: 06AAACP3891P1ZV State Code: 06 - Haryana	
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Customer Purchase Order No./Date: SHOW BELOW ↓ **Invoice No & Date : 2415104510 / 06.07.2024**

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: AAFC0204K	Consignee/Ship To 1500782 M/s. DCDC Health Service Pvt. Ltd. District Hospital Sant Ravidas Nagar 100 BEDS HOSPITAL Jila Mukhyalaya sarpatha gyanpur sant Ravidas Nagar Bhadoi, 221304, Uttar Pradesh (India) TEL No. 9696944449, Email: Drug Lic: N/A 31.12.9999 GSTIN: PAN: State Code: 09 - Uttar Pradesh
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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: 06.07.2024 Mode of Tpt & Vehicle No.: BY ROAD / Transporter: DELIVERY EXPRESS
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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@sbil	G.R/L.R. No./ Date: 256119448
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IRN: 993f1821a52a98486c19183321066efa3e2473391d53f735e549f8c700335f87

S.No	Description of Goods	HSN Code	No. of Pkg	Quantity NO (s)	Rate/Unit INR	Taxable Value	IGST Rate(%)	IGST Amount	
1	A.V. FISTULA NEEDLE 16 G (DOUBLE PACK) B/No.8271724F Mfg:2024-06,Exp:2029-05 750,	90183990	3	750.00	18.5400	13,905.00	12	1,668.60	
TOTAL					3	750.00		13,905.00	1,668.60

Taxable Value		13,905.00
IGST (INR) Rupees One Thousand Six Hundred Sixty Eight And Sixty Paise Only	IGST TCS @0.1%	1,668.60 15.57
Rounding Off		0.17
Grand Total (In INR in Words): Rupees Fifteen Thousand Five Hundred Eighty Nine Only	Grand Total (INR)	15,589.00

Remarks: Whether tax is payable on reverse charge: NO
 PO No.: 104-072024-26682 email dt, 04.07.24/00.00.0000
 Sale Order No.: 1010237556/05.07.2024
 Del No.: 8110235520/06.07.24

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Stock/No. of Boxes Received B box
 Subject to Physical Check
 Name/Employee Code M. No. 8083293190
 Centre Name Sant Ravidas
 Date/Time 11/7/24
 Signature [Signature] M. No. 8083293190

Prepared By Jagdish

Checked By

