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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-001991	Place Of Supply	: Delhi (07)
Invoice Date	: 24/07/2023	E-way-Bill-no-401355568629	
Terms	: Net 60		
Due Date	: 22/09/2023		
P.O.#	: 145-072023-23227 (91)		

<b>Bill To</b>	<b>Ship To</b>
<b>DCDC Health Services Private Limited</b> C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	GH GANDHI HOSPITAL SECBAD GANDHI HOSPITAL BHOIGUDA MUSHEERABAD DIST HYDERABAD 500020 Telangana India 6300817103

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Disposable Head cap	62103090	2,000.00 /piece	0.85	5%	85.00	1,700.00
2	Catheterization Kit OFF KIT	3005	1,000.00 /piece	32.00	12%	3,840.00	32,000.00
3	Catheterization Kit ON KIT	3005	1,000.00 /piece	35.00	12%	4,200.00	35,000.00

Total In Words  
**Rupees Seventy-Six Thousand Eight Hundred Twenty-Five Only**

THANK YOU FOR YOUR BUSINESS

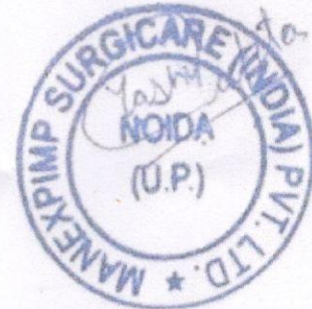
**Bank Account Details:**

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	68,700.00
IGST (5%)	85.00
IGST (12%)	8,040.00
<b>Total</b>	<b>₹76,825.00</b>
<b>Balance Due</b>	<b>₹76,825.00</b>



Authorized Signature

Stock/No. of Boxes Received ..... 21  
 Subject to Physical Check  
 Name/Employee Code ..... M. Laman  
 Centre Name ..... Gandhi  
 Date/Time ..... 24/7/23, 6:00 PM  
 Signature ..... M. No. ....