

3 Box



MANEXPIMP SURGICARE
Together through life

Manexpimp Surgicare (India) Pvt. Ltd

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

DUPLICATE

TAX INVOICE

Invoice# : **INV-002210**
Invoice Date : **11/11/2023**
Terms : **Net 60**
Due Date : **10/01/2024**
P.O.# : **103-112023-24133 (25)**

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
DISTRICT HOSPITAL KASGANJ
DIALYSIS CENTER COMBINED DISTRICT HOSPITAL KASGANJ
VILLAGE MAMMON DISTRICT KASGANJ NEAR DISTRICT
COURT KASGANJ
207123 Uttar Pradesh
India
9584802753

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Catheterization Kit OFF KIT	3005	100.00 /piece	32.00	12%	384.00	3,200.00
2	Catheterization Kit ON KIT	3005	100.00 /piece	35.00	12%	420.00	3,500.00

Total In Words
Rupees Seven Thousand Five Hundred Four Only

THANK YOU FOR YOUR BUSINESS

Bank Account Details:

INDUS IND BANK
ACCOUNT NO : 257668230440
IFS C : INDB0000733

Stock/No. of Boxes Received **3**
Subject to Physical Check
Name/Employee Code **Yashu / DC02167**
Centre Name **DH/Kasganj**
Date/Time **20/11/23 12:45 P.M.**
Signature **[Signature]** M. No. **9584802753**

Sub Total : 6,700.00
IGST (12%) : 804.00
Total : ₹7,504.00
Balance Due : ₹7,504.00



Authorized Signature

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.

LR: 252475634
MAWB: 21605310044181
Box count: DOC
Client: MANEXPRIME B2B
LM Incode: 207123
OID: 2210
 21605310044214