



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-002315	Place Of Supply	: Delhi (07)
Invoice Date	: 08/01/2024		
Terms	: Net 60		
Due Date	: 08/03/2024		
P.O.#	: 46-012024-24762 (7)		

<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 07AAAFCD0204K1Z1	CIVIL HOSPITAL BAHADURGARH DCDC KIDNEY CARE CIVIL HOSPITAL BAHADURGARH MADHYA MARG OLD INDUSTRIAL AREA 124507 Haryana India 8506006622

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	DIALYZER BOX	392330	5.00 /piece	270.00	18%	243.00	1,350.00

Total In Words  
**Rupees Two Thousand Ninety-Three Only**

THANK YOU FOR YOUR BUSINESS

Sub Total	1,350.00
IGST (18%)	243.00
Shipping charge	500.00
<b>Total</b>	<b>₹2,093.00</b>
<b>Balance Due</b>	<b>₹2,093.00</b>

## 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.



Authorized Signature



Stock/No. of Boxes Received ..... 1 Box  
Subject to Physical Check  
Name/Employee Code ..... DC00506  
Centre Name ..... CH.B.garh  
Date/Time ..... 14/04/24 2 PM  
Signature ..... [Signature] M. No. .... 8506006622

..... Received .....  
Subject to Physical Check  
Name/Employee Code .....  
Date/Time .....  
Signature ..... M. No. ....

Stock/No. of Boxes Received .....  
Subject to Physical Check  
Name/Emol .....  
Date/Time .....  
Signature ..... M. No. ....