

1 Box



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-002413**  
Invoice Date : **07/03/2024**  
Terms : **Net 90**  
Due Date : **05/06/2024**  
P.O.# : **46-032024-25337 (4)**

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**  
CIVIL HOSPITALBAHADURGARH  
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  | 10.00<br>/piece | 270.00 | 18%  | 486.00 | 2,700.00 |

Total In Words  
**Rupees Five Thousand Three Hundred Ten Only**

Notes

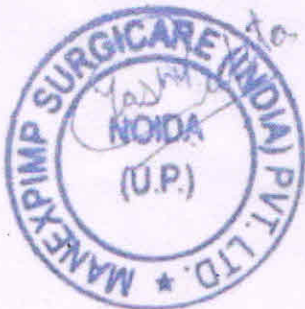
THANK YOU FOR YOUR BUSINESS

**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.



Authorized Signature



Stock/No. of Boxes Received ..... 1 Box  
Subject to Physical Check  
Name/Employee Code ..... D100504  
Centre Name ..... CHB.garh  
Date/Time ..... 07.03.24  
Signature ..... Manoj M. No. .... 8506006622