

3 Box



MANEXPIMP SURGICARE  
Excellence Through Life

**Manexpimp Surgicare ( India ) Pvt.  
ltd**

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

DUPLICATE

**TAX INVOICE**

Invoice# : INV-001595  
Invoice Date : 13/03/2023  
Terms : Net 60  
Due Date : 12/05/2023  
P.O.# : 86-032023-22036-5 (34)

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 HARDOI  
PANDIT RAM DAYAL TRIVEDI DISTRICT HOSPITAL AVAS VIKAS  
COLONY  
241001 Uttar Pradesh  
India  
9129743658

#	Item & Description	MRP	HSN/SAC	Qty	Rate	IGST		Amount
						%	Amt	
1	Fistula Kit OFF KIT	₹30.00	3005	1,000.00	8.50	12%	1,020.00	8,500.00
2	Fistula Kit ON KIT	₹30.00	3005	800.00	8.50	12%	816.00	6,800.00

Total In Words  
**Rupees Seventeen Thousand One Hundred Thirty-Six Only**

Sub Total	15,300.00
IGST (12%)	1,836.00
<b>Total</b>	<b>₹17,136.00</b>
<b>Balance Due</b>	<b>₹17,136.00</b>

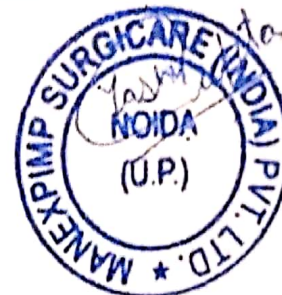
THANK YOU FOR YOUR BUSINESS

**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

DCDCHSPL CENTRE-DISTRICT HOSPITAL, HARDOI  
**MATERIAL RECEIVED**

DATE...16/03/2023

TIME...02:00PM RECEIVED BY...*[Signature]*