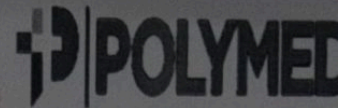


Medicure Limited

NO. 33-34, Sector-68, IMT
Faridabad Haryana, India, 121004
Phones: 01293355070 Fax: N/A
Email: plant@polymedicure.com
Mfg Drug License No.: MFG/MD/2018/000032, MFG/MD/2020/000183
Whole sale Drug License No.: RLF21B2023HR000464/20B2023HR000470



PAN No.: AAACP3891P CIN No.: L40300DL1995PLC066923
GSTIN: 06AAACP3891P1ZV State Code: 06 - Haryana

Customer Purchase Order No./Date: SHOW BELOW ↓

Invoice No & Date : 2315113165 / 28.03.2024

Name & Address of Customer/Bill to 1102593

M/s. DCDC Health Services Pvt. Ltd.
C-185, 1st Floor, Mayapuri Industrial Area, Phase-II, New Delhi 110064, Delhi (India)
TEL No. 01145581006, 8506005916 Email: scm@dcdc.co.in
Drug Lic: N/A 31.12.9999
GSTIN: 07AAAFCD0204K1Z1 PAN: AAFC0204K

Consignee/Ship To 1501484

M/s. DCDC Health Service Pvt. Ltd
TH Shiggaon Government general hospital Savanur road, Shiggaon 581205, Karnataka (India)
TEL No. 9113647411, Email:
Drug Lic: N/A 31.12.9999
GSTIN: PAN:
State Code: 29 - Karnataka

Payment Terms: Payment Due in 120 Days
Delivery Terms: FOR Delhi
Sales Order: SHOW BELOW ↓
Del. No.: SHOW BELOW ↓
Payment Method: Normal Sales

Place of Supply: 07 - Delhi
Date of Issue of Invoice: 28.03.2024
Mode of Tpt & Vehicle No.: BY ROAD /
Transporter: GATI EXPRESS & SUPPLY CHAIN

Bank Detail: STATE BANK OF INDIA
SME BRANCH, FARIDABAD
A/C NO. 10410101725
IFSC CODE# - SBIN0009950



G.R./L.R. No./Date: 118444176



Scan & Pay Using Any UPI App to UPI ID: polymed@sbi

IRN : 6134c60ee6207ef8859739ef136d38cf8325625b33895a2196a88d60e27cf5e

S.No	Description of Goods	HSN Code	No. of Pkg	Quantity NO (s)	Rate/Unit INR	Taxable Value	IGST Rate (%)	IGST Amou
1	HAEMOLINE - BLOOD LINE SET POST PUMP B/No.6088124C[Mfg:2024-03,Exp:2029-02]400,	90183990	10	400.00	83.5000	33,400.00	12	4,008
TOTAL								4,008
						Taxable Value		33,400
IGST: (INR) Rupees Four Thousand Eight Only						IGST		4,008
						TCS	@0.1%	37
						Rounding Off		0
Grand Total (In INR in Words): Rupees Thirty Seven Thousand Four Hundred Forty Five Only						Grand Total (INR)		37,445

Remarks: Whether tax is payable on reverse charge: NO
PO No.: 193-032024-25689-1 email dt.19.03.24/00.00.0000
Sale Order No.: 1010223410/19.03.2024
Del No.: 8110226240/28.03.24

certified that the Particulars stated above are true and correct and the price indicated represents the price actually charged and there is no flow of additional consideration directly or indirectly from the buyer
Terms & Conditions
Interest @ 15% will be charged if payments are made after the due date.
GST will be applicable on Interest & Penalty for delayed payment.
Goods are insured under Marine Cargo open Policy.
Goods once sold will not be taken back.
All disputes are subject to Faridabad jurisdiction only.

Stock/No. of Boxes Received 10 Box
Subject to Physical Check
Name/Employee Code PmLhaha Naili
Centre Name T.H. Shiggaon
Date/Time 10.11.24 at 11:05 AM
Signature PmLhaha M. No. 782945428

5956

For Poly Medicure Lin

Prepared By Chetan Kumar Chaudhary

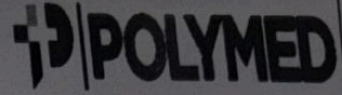
Checked By

Authorised Signatory

Regd Office: 232B, 3rd FLOOR, OKHLA INDUSTRIAL ESTATE PHASE - III, NEW DELHI - 110020, INDIA
Phones: 011-26321838, 33550700 Fax: 26321894/39 Email: customercare@polymedicure.com, info@polymedicure.com Website: www.polymedicure.com

Poly Medicure Limited

PLOT NO. 33-34, Sector 68, IMT
Faridabad Haryana, India, 121004
Phone: 0129335070 Fax: N/A
Email: plant@polymedicure.com
Mfg. Drug License No. : MFG/MD/2018/000032, MFG/MD/2020/000183
Whole sale Drug License No. : RLF21B2023HR000464/20B2023HR000470



PAN No.: AAACP3891P CIN No.: L40300DL1995PLC066923
GSTIN : 06AAACP3891P1ZV State Code : 06 - Haryana

Customer Purchase Order No./Date: SHOW BELOW ↓

Invoice No & Date : 2315112832 / 20.03.2024

Name & Address of Customer/Bill to
1102593

M/s. DCDC Health Services Pvt. Ltd.
C-185, 1st Floor, Mayapuri Industrial Area, Phase-II, New Delhi 110064, Delhi (India)
TEL No. 01145581006, 8506005916 Email: scm@dcdc.co.in
Drug Lic:N/A 31.12.9999
GSTIN:07AAAFCD0204K1Z1 PAN:AAAFCD0204K

Consignee/Ship To

1501484

M/s. DCDC Health Service Pvt. Ltd
TH Shiggaon Government general hospital Savanur road, Shiggaon 581205, Karnataka (India)
TEL No. 9113647411, Email:
Drug Lic:N/A 31.12.9999
GSTIN: PAN:
State Code: 29 - Karnataka

Payment Terms: Payment Due in 120 Days
Delivery Terms: FOR Delhi
Sales Order : SHOW BELOW ↓
Del. No : SHOW BELOW ↓
Payment Method : Normal Sales

Place of Supply : 07 - Delhi
Date of Issue of Invoice : 20.03.2024
Mode of Tpt & Vehicle No.: BY ROAD /
Transporter : GATI EXPRESS & SUPPLY CHAIN

Bank Detail: STATE BANK OF INDIA
SME BRANCH, FARIDABAD
A/C NO. 10410101725
IFSC CODE# - SBIN0009950



G.R/L.R. No./Date: 118442813



Scan & Pay Using Any UPI App to UPI ID : polymed@sbi

IRN : 444b37307e91a506d34aee7e22488a2119dde4c78e0f13d5ce7b6763a6cae489

S.No	Description of Goods	HSN Code	No. of Pkg	Quantity NO (s)	Rate/Unit INR	Taxable Value	IGST Rate(%)	IGST Amount
1	A.V. FISTULA NEEDLE 16 G (DOUBLE PACK) B/No.8079724B[Mfg:2024-02,Exp:2029-01]250,	90183990	1	250.00	17.5000	4,375.00	12	525.00
2	A.V. FISTULA NEEDLE 17G (DOUBLE PACK) B/No.8070524B[Mfg:2024-02,Exp:2029-01]250,	90183990	1	250.00	17.5000	4,375.00	12	525.00
TOTAL			2	500.00		8,750.00		1,050.00

Taxable Value		8,750.00
IGST: (INR) Rupees One Thousand Fifty Only	IGST TCS @0.1%	1,050.00 9.80
	Rounding Off	0.20
Grand Total (INR)		9,810.00

Grand Total (In INR in Words): Rupees Nine Thousand Eight Hundred Ten Only

Remarks: Whether tax is payable on reverse charge: NO
PO No.: 193-032024-25689-1email dt:19.03.24/00.00.0000
Sale Order No.: 1010223410/19.03.2024
Del No.: 8110225352/20.03.24

Certified that the Particulars stated above are true and correct and the price indicated represents the price actually charged and there is no flow of additional consideration directly or indirectly from the buyer.

Terms & Conditions

- Interest @ 15% will be charged if payments are made after the due date.
- GST will be applicable on Interest & Penalty for delayed payment.
- Goods are insured under Marine Cargo open Policy.
- Goods once sold will not be taken back.
- All disputes are subject to Faridabad jurisdiction only.

Stock/No. of Boxes Received *2 Box*
Subject to Physical Check
Name/Employee Code *Polymed Staff*
Centre Name *T.H. Shiggaon*
Date/Time *19.03.24 at 11:50 AM*
Signature *Polymed* M. No. *7922482000*

5424

Prepared By Chetan Kumar Chaudhary

Checked By

For Poly Medicure Lim

Authorised Signatory

Regd Office: 232B, 3rd FLOOR, OKHLA INDUSTRIAL ESTATE PHASE - III, NEW DELHI - 110020, INDIA
Phones: 011-26321838,33550700 Fax:26321894/39 Email: customercare@polymedicure.com, info@polymedicure.com Website: www.polymedicure.com