

LR: 261626878

MAWB: 21605310060141

Box count: DOC

Client: MANEXP/IME B2B

OID: INV-002568

21605310060163

2 Box

6878

Manexpimp Surgicare ( India ) Pvt. Ltd

A-100  
SECTOR 65,  
NOIDA Uttar Pradesh 201301  
India  
GSTIN 09AALCM0495R1ZJ  
UDYAM-UP-03-0008147

ORIGINAL

TAX INVOICE

Invoice#	: INV-002568	Place Of Supply	: Delhi (07)
Invoice Date	: 05/06/2024		
Terms	: Net 60		
Due Date	: 04/08/2024		
P.O.#	: 81-062024-26299 (10)		

<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 07AAFCD0204K1Z1	PGIMS ROHTAK MEIDICAL RD:ROHTAK 124001 Haryana India 8929946745

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Trolley Cover CRASH CART TROLLEY COVER	39269099	1.00 /piece	1,400.00	18%	252.00	1,400.00
2	DIALYZER BOX	392330	24.00 /piece	270.00	18%	1,166.40	6,480.00

Total In Words  
**Rupees Thirteen Thousand Three Hundred Ninety-Three Only**

Notes

THANK YOU FOR YOUR BUSINESS

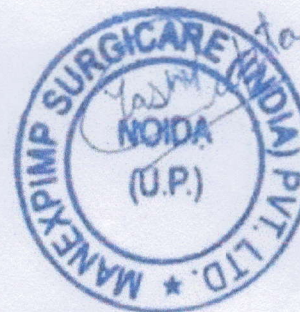
Bank Account Details:

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.

Sub Total	7,880.00
Shipping charge (IGST (18%))	3,470.00
SAC: 996511	
IGST (18%)	2,043.00
<b>Total</b>	<b>₹13,393.00</b>
<b>Balance Due</b>	<b>₹13,393.00</b>



Authorized Signature

Stock/No. of Boxes Received .. 2 ..  
Subject to Physical Check **OK**  
Name/Employee Code .. **P.0011/DC02435**  
Centre Name .. **PGIMS ROHTAK**  
Date/Time .. **11-06-2024 / 3:10 PM**  
Signature .. **[Signature]** .. M. No **8929946745**