

5 Box



MANEXPIMP SURGICARE
Empowering Through Life

Manexplmp Surgicare (India) Pvt. Ltd

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

ORIGINAL

TAX INVOICE

Invoice# : INV-001808	Place Of Supply : Delhi (07)
Invoice Date : 09/05/2023	
Terms : Net 60	
Due Date : 08/07/2023	
P.O.# : 58-052023-22588-5 (25)	

Bill To	Ship To
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	DISTRICT HOSPITAL PRAYAGRAJ MOTI LAL NEHRU HOSPITAL (COLVIN HOSPITAL) DOCTOR KN KATJU ROAD NAKASH KIHNA MIURABAD PRAYAGRAJ 211003 Uttar Pradesh India 7505825717

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit OFF KIT	3005	1,500.00	8.50	12%	1,530.00	12,750.00
2	Disposable Head cap	62103090	300.00 /piece	0.85	5%	12.75	255.00
3	Fistula Kit ON KIT	3005	1,500.00	8.50	12%	1,530.00	12,750.00
4	Shoe Cover (Plastic)	3924	500.00 /pair	1.90	18%	171.00	950.00
5	Face Mask	62103090	500.00 /piece	1.57	5%	39.25	785.00

Total In Words
Rupees Thirty Thousand Seven Hundred Seventy-Three Only

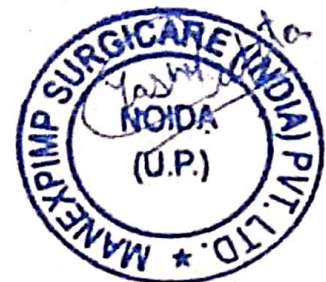
THANK YOU FOR YOUR BUSINESS

Bank Account Details:

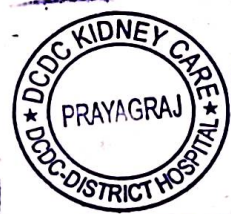
INDUS IND BANK
ACCOUNT NO : 257668230440
IFS C : INDB0000733

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	27,490.00
IGST (12%)	3,060.00
IGST (5%)	52.00
IGST (18%)	171.00
Total	₹30,773.00
Balance Due	₹30,773.00



Authorized Signature



Signature

Stock/No. of Boxes Received 5
 Subject to Physical Check
 Name/Employee Code DC02812
 Centre Name PRAYAGRAJ
 Date/Time 09-05-2023 11:50 PM
 Signature M. No. 750582571