

Box 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-001920  
Invoice Date : 15/06/2023  
Terms : Net 60  
Due Date : 14/08/2023  
P.O.# : 106-062023-22826-7 (57)

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 HATHRAS  
DCDC DIALYSIS CENTER BAGLA COMBINED DISTRICT  
HOSPITAL ALIGARH ROAD NEAR RAM MANDIR TALAB  
CHAURAHA HATHRAS  
204101 Uttar Pradesh  
India  
8077095618

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit OFF KIT	3005	500.00	8.50	12%	510.00	4,250.00
2	Fistula Kit ON KIT	3005	500.00	8.50	12%	510.00	4,250.00

Total In Words  
**Rupees Nine Thousand Five Hundred Twenty Only**

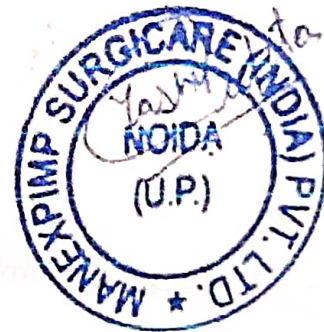
Sub Total 8,500.00  
IGST (12%) 1,020.00  
Total ₹9,520.00  
Balance Due ₹9,520.00

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

	LR: 242823104
	MAWB: 21605310030181
	Box count: DOC
	Client: MANEXPRIME B2B
LM Pincode: 204101	OID: 1920
21605310030192	

Stock/No. of Boxes Received ..... 1 Box  
Subject to Physical Check .....  
Name/Employee Code ..... 2057  
Centre Name .....  
Date/Time ..... 12:00/10m  
Signature .....  
M. No. 8077095618