



MANEXPIMP SURGICARE  
Together through life

# Manexpimp Surgicare ( India ) Pvt. Ltd

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

DUPLICATE

## TAX INVOICE

Invoice#	: INV-001794	Place Of Supply	: Delhi (07)
Invoice Date	: 06/05/2023		
Terms	: Net 60		
Due Date	: 05/07/2023		
P.O.#	: 83-052023-22530-8 (36)		

<b>Bill To</b>	<b>Ship To</b>
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	SHKM GOVT MEDICAL COLLEGE MEWAT SHKM GOVT MEDICAL COLLEGE NALHAR MEWAT 122107 Haryana India 8929946746

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Face Mask	62103090	800.00 /piece	1.57	5%	62.80	1,256.00
2	Fistula Kit OFF KIT	3005	800.00	8.50	12%	816.00	6,800.00
3	Fistula Kit ON KIT	3005	1,000.00	8.50	12%	1,020.00	8,500.00

Total In Words  
**Rupees Eighteen Thousand Four Hundred Fifty-Four and Eighty Paise Only**

Sub Total	16,556.00
IGST (5%)	62.80
IGST (12%)	1,836.00
<b>Total</b>	<b>₹18,454.80</b>
<b>Balance Due</b>	<b>₹18,454.80</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

Stock/No. of Boxes Received ..... 03 .....  
 Subject to Physical Check  
 Name/Employee Code ..... Nasender .....  
 Centre Name ..... SHKM Mewat .....  
 Date/Time ..... 06/05/23 ..... 03:50 .....  
 Signature ..... [Signature] ..... M. No. 999171734 0