

Tax Invoice

IRN No: e4e87161f80942161548915845d22f2dd969337b1e947bbfd970aee0b420694b

ORIGINAL/DUPLICATE/TRIPPLICATE

Reverse Charge: No



| | | | |
|-------------------|--|---|---|
| Name | Fresenius Medical Care India Pvt. Ltd. | BILL TO 920116194 | SHIP TO 920195727 |
| Address | Village-Borivali Tarfe Sonale A4, GlobalComplex, Survey No.25 Hissa No.7,10/1,10/2 | DCDC Health Service Pvt. Ltd. C-185, Mayapuri Industrial Area phase- 2 Mayapuri | Dialysis Center Combined District Hospital Kasganj Village Mammon |
| Postal/State Code | 421302/MH(27) | 110064/DL(07) | District Kasganj 207123/UP(09) |
| Place of Supply | Bhiwandi | New Delhi | Kasganj |
| Contact Person | | Mr Deepak Kumar | Mr. Vishal Jhawar |
| Contact number | | 8506005916 | 9584802753 |
| Mail | | | |
| GSTN Number | 27AAACF9636N1Z2 | 07AAAFCD0204K1Z1 | NA |
| IN Number | AAACF9636N | AAAFCD0204K | NA |
| IN | U24231DL2006FTC147436 | | |
| Drug Licence | MH-TZ5-146255 / 146256 / 422958 / 422959 | / | NA/NA |


Invoice Number: 4115010983
Date: 17.05.2023
Delivery Note: 3527324780
Sales Order Number: 2290323535
Buyer Order No: 103-052023-22553-1
Buyer PO Date: 05.05.2023
Payment term: Net due 90 days

| Product Code Description of Goods/ Services | HSN / SAC | Serial No./ Batch | Expiry | Quantity | No. of Boxes | Rate/ Price | Total Amount (base price) | Disc% | Discount | Taxable Amount | Central Tax (CGST) | | State Tax (SGST) | | Integrated Tax (IGST) | | Total Amount (incl. tax) |
|--|--------------|----------------------|------------|----------|-----------------|-------------|---------------------------------|-------|----------|-------------------|-----------------------|--------|------------------|--------|--------------------------|--------|-----------------------------|
| | | | | | | | | | | | Rate | Amount | Rate | Amount | Rate | Amount | |
| P-AVF-003 GX25mmFixed wing thbackeyeBAINAVF003 | 90183230 | 2002011538 | 31.07.2023 | 250 | 0 | 26.00 | 6,500.00 | 53.85 | 3,499.99 | 3,000.01 | 0.00 | 0.00 | 0.00 | 0.00 | 12.00 | 360.00 | 3,360.01 |
| Total | | | | | | | | | | 3,000.01 | | 0.00 | | 0.00 | | 360.00 | 3,360.01 |
| CS | | | | | | | | | | | | | | | | | 3.36 |
| Grand Total | | | | | | | | | | | | | | | | | 3,363.37 |

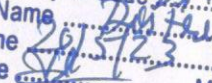
Total Invoice Value (in words) THREE THOUSAND THREE HUNDRED SIXTY-THREE RUPEES THIRTY-SEVEN PAISE

Note: The product warranty will automatically expire if the payment is not made within the due date. FMC will charge interest at the rate of 5% accruing monthly basis until such payment is made. The product sold is on non-returnable basis. Product once sold cannot be returned for the reasons slow moving, non-moving or his/her inability to sell the product in the market FMC shall have right to withhold technical services (AMC/CMC) if the payment is not made within the due date.

Our Bank Details
DEUTSCHE BANK
KAS TURBA GANDHI MARG, NEW DELHI
BANK CODE: 796DEL
ACCOUNT NUMBER : 1517937000
IFSC CODE: DEUT0796DEL
MICR NO.: 110200002

For Fresenius Medical Care India Pvt. Ltd.

Authorized Signatory

Declaration :- We declare that this invoice shows the actual price of the goods described and all particulars are true and correct.

STOCK/NO. of Boxes Received
Subject to Physical Check
Name/Employee Code Dg. Vishal DC02168
Centre Name District Hospital Kasganj
Date/Time 17.05.23 14:00 PM
Signature  M.No. 9584802753