

Jai Mata Di

P.M.SURGICAL

KHAJANTI CHOWK FATIMA ROAD GORAKHPUR

Phone : 9554681519,6386426486

E-Mail : ramsakalsingh2013@gmail.com

CREDIT GST INVOICE

GSTIN : 09JGEP9467Q1ZW
UDYAM NO : UDYAM-UP-47-0008828
DL NO : UP5320B002166
UP5321B002166

Invoice : A000136
Date : 19-06-2024
Transport : LOCAL
CASE : 100

Details of Reciever (Billed to)

Name : DCDC HEALTH SERVICE PVT. LTD.
Address : C-185,MAYAPURI INDUSTRIAL AREA PHASE-2
MAYAPURI NEW DELHI
State & Code: 07-DELHI
Mob No : 8506000148
GSTIN/UIN : 07AAFCD0204K1Z1

Details of Consignee (Shipped to)

Name : DCDC KIDNEY CARE DEORIA
Address : DCDC HEALTH SERVICE PVT LTD.C-185 MAYAPURI
Mob No : 9506254443
State & Code : 07-DELHI
GSTIN/UIN : 07AAFCD0204K1Z1

S.	Qty.	Free	Pack	Product	Batch	Exp	HSN	MRP	Rate	DIS	IGST	Amount	
1.	1128		1*12	NS 1000ML	S1C4092	5/26	30061010	0.00	32.50	0.00	12.00	0.00	36660.00
2.	300		100ML	NS 100ML KRP	S1M31621	11/25	3004	0.00	14.00	0.00	12.00	0.00	4200.00
3.	300		1*100	D25 KRPL	D3M30036	10/25	300490	21.25	15.00	0.00	12.00	0.00	4500.00

SUB TOTAL	45360.00
IGST 12 %	5443.20
FREIGHT	3000.00
Roundoff	0.20

Rs. Fifty Three Thousand Eight Hundred Three Only

GRAND TOTAL 53803.00

Terms & Conditions

Goods once sold will not be taken back or exchanged.
Bills not paid due date will attract 24% interest.
All disputes subject to Jurisdiction only.
Prescribed Sales Tax declaration will be given.
Bank : UNION BANK RAPTI NAGAR GKP
A/C NO : 757601010050188 IFSC : UBIN0575020

Stock/No. of Boxes Received 100
 Subject to Physical Check
 Name/Employee Code K. S. Sanyal
 Centre Name Deoria
 Date/Time 20/6/2024
 Signature [Signature] No. 798232096

For P.M.SURGICAL
 [Signature]
 Authorised signatory