

2 Box



MANEXPIMP SURGICARE
Together through life

**Manexpimp Surgicare (India) Pvt.
Ltd**

A-100
SECTOR 65,
NOIDA Uttar Pradesh 201301
India
GSTIN 09AALCM0495R1Z1

ORIGINAL

TAX INVOICE

Invoice#	: INV-001738	Place Of Supply	: Delhi (07)
Invoice Date	: 10/04/2023		
Terms	: Net 60		
Due Date	: 09/06/2023		
P.O.#	: 105-042023-22282-10 (43)		

Bill To	Ship To
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFC00204K1Z1	DISTRICT HOSPITAL CHANDAUJI PT KAMLA PATI TRIPATHI DISTRICT COMBINED HOSPITAL CHANDAUJI 232104 Uttar Pradesh India 7800556678

#	Item & Description	MRP	HSN/SAC	Qty	Rate	IGST		Amount
						%	Amt	
1	Fistula Kit OFF KIT	₹30.00	3005	500.00	8.50	12%	510.00	4,250.00
2	Fistula Kit ON KIT	₹30.00	3005	500.00	8.50	12%	510.00	4,250.00

Total In Words
Rupees Nine Thousand Five Hundred Twenty Only

THANK YOU FOR YOUR BUSINESS

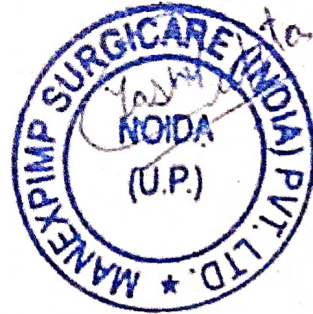
Bank Account Details:

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



Authorized Signature

Stock/No. of Boxes Received 2
 Subject to Physical Check
 Name/Employee Code Suman Keshan / 0002027
 Centre Name Chandauli
 Date/Time 10/4/23
 Signature M. No. 9305990811