



MANEXPIMP SURGICARE  
Registered through IIT

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

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

3324919670  
02  
Rs 1800  
00970km  
2 Box

ORIGINAL

**TAX INVOICE**

Invoice# : INV-002161  
Invoice Date : 21/09/2023  
Terms : Net 60  
Due Date : 20/11/2023  
P.O.# : 83-092023-23684 (33)

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**

SHKM GOVT MEDICAL COLLEGE  
NALHAR MEWAT  
122107 Haryana  
India  
8929946746

#	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
3	LASA BOX	392330	6.00 /piece	340.00	18%	367.20	2,040.00

Total In Words  
**Rupees Eleven Thousand Nine Hundred Twenty-Seven 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	10,540.00
IGST (12%)	1,020.00
IGST (18%)	367.20
Rounding	-0.20
<b>Total</b>	<b>₹11,927.00</b>
<b>Balance Due</b>	<b>₹11,927.00</b>



Authorized Signature

Stock/No. of Boxes Received ..... 2 Box  
Subject to Physical Check .....  
Name/Employee Code .....  
Centre Name ..... Noida  
Date/Time ..... 20-10-23 5:00pm  
Signature ..... M. No. 7027270724