

4 Box



MANEXPIMP SURGICARE
Together through life

Manexpimp Surgicare (India) Pvt. Ltd

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

ORIGINAL

TAX INVOICE

Invoice# : INV-001911
Invoice Date : 15/06/2023
Terms : Net 60
Due Date : 14/08/2023
P.O.# : 63-062023-22808-11 (32)

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

CIVIL HOSPITAL PANIPAT
OLD HOUSING BOARD COLONY SUKHDEV NAGAR OLD
HOUSING COLONY PANIPAT
132103 Haryana
India
8506000689

#	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	4.00 /piece	340.00	18%	244.80	1,360.00
4	DIALYZER BOX	392330	20.00 /piece	270.00	18%	972.00	5,400.00

Total In Words
Rupees Seventeen Thousand Four Hundred Ninety-Six and Eighty Paise Only

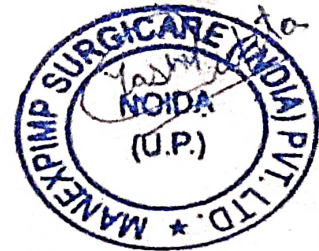
Sub Total	15,260.00
IGST (12%)	1,020.00
IGST (18%)	1,216.80
Total	₹17,496.80
Balance Due	₹17,496.80

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 04
Subject to Physical Check Yes
Name/Employee Code A.C.A. 522
Centre Name Panipat
Date/Time 15.6.2023
Signature M. No. 8506000689