

5907 3 Box



MANEXPIMP SURGICARE
Innovative through life

Manexpimp Surgicare (India) Pvt. Ltd

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

ORIGINAL

TAX INVOICE

Invoice#	: INV-002462	Place Of Supply	: Delhi (07)
Invoice Date	: 14/03/2024		
Terms	: Net 60		
Due Date	: 13/05/2024		
P.O.#	: 179-032024-25304 (46)		

Bill To	Ship To
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	TH MUDHOL TALUKA GOVERNMENT HOSPITAL MUDHOL 587313 Telangana India 8722339951

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit OFF KIT	3005	200.00	7.40	12%	177.60	1,480.00
2	Fistula Kit ON KIT	3005	200.00	7.40	12%	177.60	1,480.00
3	Catheterization Kit OFF KIT	3005	25.00 /piece	28.00	12%	84.00	700.00
4	Catheterization Kit ON KIT	3005	25.00 /piece	28.00	12%	84.00	700.00
5	LASA BOX	392330	2.00 /piece	340.00	18%	122.40	680.00
6	Shoe Cover (Plastic)	3924	300.00 /pair	1.90	18%	102.60	570.00
7	Disposable Head cap	62103090	300.00 /piece	0.85	5%	12.75	255.00
8	Face Mask	62103090	200.00 /piece	1.57	5%	15.70	314.00
9	BEDSHEET	6307	300.00 /piece	13.50	5%	202.50	4,050.00

Total In Words
Rupees Sixteen Thousand Five Hundred Eighteen Only

Notes

THANK YOU FOR YOUR BUSINESS

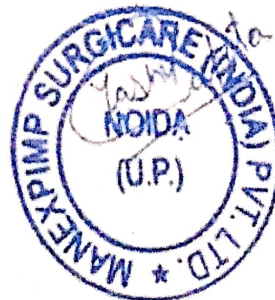
Bank Account Details:

INDUS IND BANK
ACCOUNT NO : 257668230440
IFS C : INDB0000733

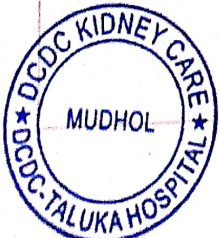
Terms & Conditions

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	10,229.00
Shipping charge (IGST (18%)) SAC: 996511	4,500.00
IGST (12%)	523.20
IGST (18%)	1,035.00
IGST (5%)	230.95
Rounding	-0.15
Total	₹16,518.00
Balance Due	₹16,518.00



Authorized Signature



Stock/No. of Boxes Received 03
Subject to Physical Check Raw 1 order
Name/Employee Code 10819213727
Centre Name MUDHOL
Date/Time 13/3/24
Signature [Signature] M. No.



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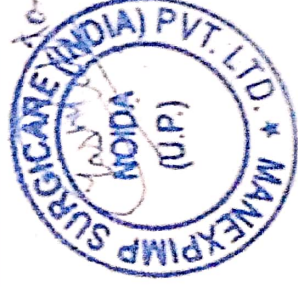
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Stock/No. of Boxes Received 200 To DW
Subject to Physical Check 200 To DW
Name/Employee Code 200 To DW
Centre Name Mudhol
Date/Time 14/03/2024
Signature [Signature] M. No.



Authorized Signature

