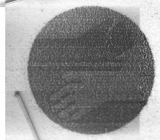


1 Box



Manexpimp Surgicare (India) Pvt. Ltd

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

ORIGINAL

TAX INVOICE

Invoice# : INV-002368
Invoice Date : 16/02/2024
Terms : Net 60
Due Date : 16/04/2024
P.O.# : 48-022024-25189 (22)

Place Of Supply : Delhi (07)

Ship To
Health Services Private Limited
S, MAYAPURI INDUSTRIAL AREA
SE-2
Delhi
110064 Delhi
GSTIN 07AAFCD0204K1Z1

Ship To
DEEN DAYAL UPADHAYAY HOSPITAL SHIMLA
DIALYSIS UNIT NEAR OLD BUS STAND OPP GURUDWARA
171001 Himachal Pradesh
India
9418291979

Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
				%	Amt	
1 Fistula Kit OFF KIT	3005	300.00	7.40	12%	266.40	2,220.00
2 Fistula Kit ON KIT	3005	300.00	7.40	12%	266.40	2,220.00

Total In Words : **Sees Six Thousand Six Hundred Twenty-Five Only**

THANK YOU FOR YOUR BUSINESS

Bank Account Details:

INDUS IND BANK
ACCOUNT NO : 257668230440
IFSC : INDB0000733

Terms & Conditions

- Goods once sold will not be taken back OR exchanged.
- Not paid on due date will attract 24% interest.
- Disputes subjects to ALLAHABAD Jurisdiction only.
- Confirmed that the particulars given above is true and correct.
- Price quoted is ExNoida.

Subject to Physical Check
Name/Employee Code : *DDU H*
Date : *27/02/24*
Signature : *[Signature]*



Authorized Signature

Vertical text on the left edge of the page.