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MANEXPIMP SURGICARE

### Manexpimp Surgicare ( India ) Pvt. Ltd

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

ORIGINAL

## TAX INVOICE

Invoice# : **INV-001754**  
Invoice Date : **18/04/2023**  
Terms : **Net 60**  
Due Date : **17/06/2023**  
P.O.# : **27-042023-22318-6 (9)**

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 HISAR  
CIVIL HOSPITAL TAYAL BAGH COLONY NEAR BUS STAND  
125001 Haryana  
India  
8506008111

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit OFF KIT	3005	300.00	8.50	12%	306.00	2,550.00
2	Fistula Kit ON KIT	3005	400.00	8.50	12%	408.00	3,400.00
3	Sterile- Disinfectant cleaner for Critical Area SODIUM HYPO 10% ( 5 LTR)	34029099	12.00 /pack	305.00	18%	658.80	3,660.00

Total In Words  
**Rupees Ten Thousand Nine Hundred Eighty-Two and Eighty Paise Only**

Sub Total	9,610.00
IGST (12%)	714.00
IGST (18%)	658.80
<b>Total</b>	<b>₹10,982.80</b>
<b>Balance Due</b>	<b>₹10,982.80</b>

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 .....7.....  
Subject to Physical Check  
Name/Employee Code ...Pratap / DC01955  
Centre Name ...C.H.H.S.A.P.  
Date/Time .....  
Signature ..... M. No. ....74043-00935