

Backend Entry

2024

5 Box



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

A-100  
SECTOR 65,  
NOIDA Uttar Pradesh 201301  
India  
GSTIN 09AALCM0495R1ZJ  
UDYAM-UP-03-0008147

**TAX INVOICE**

Invoice# : INV-002526  
Invoice Date : 07/05/2024  
Terms : Net 60  
Due Date : 06/07/2024  
P.O.# : 160-032024-25677 (15)

Place Of Supply : Delhi (07)

**Bill To**  
DCDC Health Services Private Limited  
C-185, MAYAPURI INDUSTRIAL AREA  
PHASE -2  
DELHI  
110064 Delhi  
India  
GSTIN 07AAAFCD0204K1Z1

**Ship To**  
TH HONNAVAR  
HONNAVAR TALUKA GOVT HOSPITAL DIALYSIS UNIT VILLAGE  
SAKOD  
581334 Telangana  
India  
8105942976

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	BEDSHEET	6307	1,000.00 /piece	13.50	5%	675.00	13,500.00
2	LASA BOX	392330	2.00 /piece	340.00	18%	122.40	680.00

Total In Words  
**Rupees Eighteen Thousand Seven Hundred Fifty-Three Only**

Sub Total	14,180.00
Shipping charge (IGST (18%)) SAC-996511	3,200.00
IGST (5%)	675.00
IGST (18%)	698.40
Rounding	-0.40
<b>Total</b>	<b>₹18,753.00</b>
<b>Balance Due</b>	<b>₹18,753.00</b>

**Notes**

THANK YOU FOR YOUR BUSINESS

**Bank Account Details:**

INDUS IND BANK  
ACCOUNT NO : 257668230440  
IFS C : INDB000733

**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 **05 box**  
Subject to Physical Check  
Name/Employee Code **varsha . A . k .**  
Centre Name **Honnawara**  
Date/Time **16/05/24**  
Signature **[Signature]** M. No. ....