

1 Box



MANEXPIMP SURGICARE

Manexpimp Surgicare (India) Pvt. Ltd

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

ORIGINAL

TAX INVOICE

Invoice# : **INV-001851**
Invoice Date : **25/05/2023**
Terms : **Net 60**
Due Date : **24/07/2023**
P.O.# : **8-052023-22854-5 (6)**

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

KALRA HOSPITAL
A-4 5 6 TULSI DASS KALRA MARG KIRTI NAGAR
110015 Delhi
India
8051755839

#	Item & Description	HSN/SAC	Qty	Rate	IGST %	Amt	Amount
1	Fistula Kit OFF KIT	3005	250.00	8.50	12%	255.00	2,125.00

Sub Total	2,125.00
IGST (12%)	255.00
Total	₹2,380.00
Balance Due	₹2,380.00

Total In Words
Rupees Two Thousand Three Hundred Eighty Only

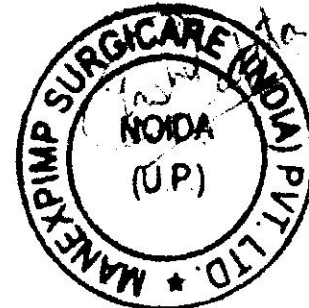
THANK YOU FOR YOUR BUSINESS

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 01
Subject to Physical Check
Name/Employee Code DC010299 Jibks ref
Centre Name KALRA HOSPITAL
Date/Time 27/05/23
Signature [Signature] No 8051755839
9643328083