

2 Box



# Manexpimp Surgicare ( India ) Pvt. Ltd

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

ORIGINAL

## TAX INVOICE

Invoice#	: INV-001783	Place Of Supply	: Delhi (07)
Invoice Date	: 06/05/2023		
Terms	: Net 60		
Due Date	: 05/07/2023		
P.O.#	: 27-052023-22520-7 (12)		

<b>Bill To</b>	<b>Ship To</b>
<b>DCDC Health Services Private Limited</b> C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	CIVIL HOPITAL HISAR CIVIL HOSPITAL TAYAL BAGH COLONY NEAR BUS STAND 125001 Haryana India 8506000594

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit OFF KIT	3005	600.00	8.50	12%	612.00	5,100.00
2	Fistula Kit ON KIT	3005	500.00	8.50	12%	510.00	4,250.00
3	Shoe Cover (Plastic)	3924	500.00 /pair	1.90	18%	171.00	950.00

Total In Words  
**Rupees Eleven Thousand Five Hundred Ninety-Three Only**

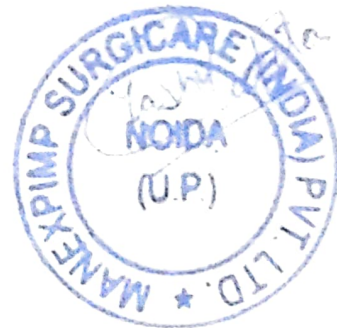
THANK YOU FOR YOUR BUSINESS

Sub Total	10,300.00
IGST (12%)	1,122.00
IGST (18%)	171.00
<b>Total</b>	<b>₹11,593.00</b>
<b>Balance Due</b>	<b>₹11,593.00</b>

### 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 ..... 2 .....  
Subject to Physical Check  
Name/Employee Code ..... Rajat / 0200097 .....  
Centre Name ..... C.H. HISAR .....  
Date/Time ..... 8/5/23 11:20 AM .....  
Signature ..... M. No. 8506000594