



MANEXPIMP SURGICARE  
Together through life

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

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

ORIGINAL

**TAX INVOICE**

Invoice#	: INV-002180	Place Of Supply	: Delhi (07)
Invoice Date	: 25/10/2023		
Terms	: Net 60		
Due Date	: 24/12/2023		
P.O.#	: 50-102023-23948 (10)		

<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 07AAAFCD0204K1Z1	CIVIL HOSPITAL JAGADHARI VISHNU GARDEN NEAR GOVERNMENT REST HOUSE JAGADHARI (YAMUNANAGAR) 135003 Haryana India 8506000536

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit OFF KIT	3005	1,000.00	8.50	12%	1,020.00	8,500.00
2	Fistula Kit ON KIT	3005	1,000.00	8.50	12%	1,020.00	8,500.00
3	Shoe Cover (Plastic)	3924	500.00 /pair	1.90	18%	171.00	950.00

Total In Words  
**Rupees Twenty Thousand One Hundred Sixty-One 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.

Sub Total	17,950.00
IGST (12%)	2,040.00
IGST (18%)	171.00
<b>Total</b>	<b>₹20,161.00</b>
<b>Balance Due</b>	<b>₹20,161.00</b>



Authorized Signature

Stock/No. of Boxes Received ..... **3 Box.**  
 Subject to Physical Check  
 Name/Employee Code ..... **Neha/DO1583**  
 Centre Name ..... **C.H. Jagadhari**  
 Date/Time ..... **28/10/23 1:00 Pm**  
 Signature ..... **Peter** M. No. **8506000536**

	LR: 251972604
	MAWB: 21605310042335
	Box count: DOC
	Client: MANEXPRIME B2B
LM / incode: 135003	OID: 2180
21605310042361	



MANEXPIMP SURGICARE  
Together through life

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

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

ORIGINAL

**TAX INVOICE**

Invoice#	: INV-002188	Place Of Supply	: Delhi (07)
Invoice Date	: 25/10/2023		
Terms	: Net 60		
Due Date	: 24/12/2023		
P.O.#	: 50-102023-23948 (38)		

<b>Bill To</b>	<b>Ship To</b>
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	CIVIL HOSPITAL JAGADHARI VISHNU GARDEN NEAR GOVERNMENT REST HOUSE JAGADHARI (YAMUNANAGAR) 135003 Haryana India 8506000536

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Face Mask	62103090	500.00 /piece	1.57	5%	39.25	785.00

Total In Words  
**Rupees One Thousand One Hundred Seventy-Four Only**

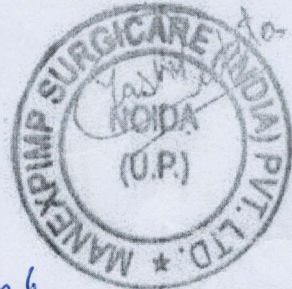
THANK YOU FOR YOUR BUSINESS

**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.

Sub Total	785.00
IGST (5%)	39.25
Shipping charge	350.00
Rounding	-0.25
<b>Total</b>	<b>₹1,174.00</b>
<b>Balance Due</b>	<b>₹1,174.00</b>



Authorized Signature

Stock/No. of Boxes Received ..... 3 Box  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name ..... Noida / Jagadhari  
Date/Time ..... 28/10/23 ..... 11:02 PM  
Signature ..... [Signature] M. No. 8506000536