

2 BOX



Manexpimp Surgicare (India) Pvt. Ltd

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

ORIGINAL

TAX INVOICE

Invoice# : INV-002363
Invoice Date : 16/02/2024
Terms : Net 60
Due Date : 16/04/2024
P.O.# : 102-022024-25088 (14)

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

DISTRICT HOSPITAL MAINPURI
DIALYSIS CENTER MAHARAJA AGARSEN TEJ PRATAP SINGH
DISTRICT HOSPITAL MAINPURI
205001 Uttar Pradesh
India
7895170086

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit ON KIT	3005	500.00	7.40	12%	532.80	4,440.00
2	Fistula Kit OFF KIT	3005	700.00	7.40	12%	621.60	5,180.00
3	Face Mask	62103090	500.00 /piece	1.57	5%	39.25	785.00

Total In Words
Rupees Thirteen Thousand Four Hundred Eighty-Seven Only

THANK YOU FOR YOUR BUSINESS

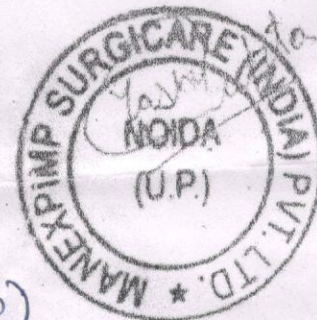
Bank Account Details:

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	10,405.00
Shipping charge (IGST (18%))	1,600.00
SAC: 996511	
IGST (12%)	1,154.40
IGST (5%)	39.25
IGST (18%)	288.00
Rounding	0.35
Total	₹13,487.00
Balance Due	₹13,487.00



Authorized Signature

Stock/No. of Boxes Received 2
Subject to Physical Check
Name/Employee Code Nagendra Patel (DC02210)
Centre Name HDU, Mainpuri, (C.P.)
Date/Time 19.02.2024 12:39 PM
Signature [Signature] M. No. 7895170086