

2 Box



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-001795	Place Of Supply	: Delhi (07)
Invoice Date	: 06/05/2023		
Terms	: Net 60		
Due Date	: 05/07/2023		
P.O.#	: 87-052023-22502-6 (39)		

<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	DISTRICT HOSPITAL LAKHIMPUR KHIRI NEAR T.B. WARD HOSPITAL ROAD DIST POLICE LINE LAKHIMPUR 262701 Uttar Pradesh India 6393323652

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit OFF KIT	3005	500.00	8.50	12%	510.00	4,250.00
2	Fistula Kit ON KIT	3005	500.00	8.50	12%	510.00	4,250.00

Total In Words  
**Rupees Nine Thousand Five Hundred Twenty Only**

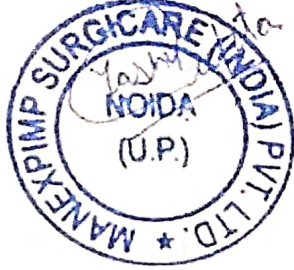
THANK YOU FOR YOUR BUSINESS

### 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	8,500.00
IGST (12%)	1,020.00
<b>Total</b>	<b>₹9,520.00</b>
<b>Balance Due</b>	<b>₹9,520.00</b>



Authorized Signature

Stock/No. of Boxes Received ..... 2  
Subject to Physical Check  
Name/Employee Code ..... *Om Sheema (1979)*  
Centre Name ..... *Lakhimpur*  
Date/Time ..... *11/8/23 12:30pm*  
Signature ..... *[Signature]* M. No. *7309340559*