

3 Box

0442



MANEXPIMP SURGICARE
Together through life

Manexpimp Surgicare (India) Pvt. Ltd

A-100
SECTOR 65,
NOIDA Uttar Pradesh 201301
India
GSTIN 09AALCM0495R1ZJ
UDYAM-UP-03-0008147

ORIGINAL

TAX INVOICE

Invoice# : INV-002581	Place Of Supply : Delhi (07)
Invoice Date : 11/06/2024	
Terms : Net 60	
Due Date : 10/08/2024	
P.O.# : 198-062024-26250 (18)	

Bill To	Ship To
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	TH HALIYAL TALUKA GENERAL HOSPITAL TALUKA HALIYAL DIST UTTAR KANNADA 581329 Telangana India 9449373161

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Catheterization Kit OFF KIT	3005	50.00 /piece	28.00	12%	168.00	1,400.00
2	Catheterization Kit ON KIT	3005	50.00 /piece	28.00	12%	168.00	1,400.00
3	Fistula Kit OFF KIT	3005	200.00	7.40	12%	177.60	1,480.00
4	Fistula Kit ON KIT	3005	200.00	7.40	12%	177.60	1,480.00
5	Surgical Gauze Than GAUZE THAN 90 X 18 HQ	30059090	1.00 than	163.00	12%	19.56	163.00

Total In Words
Rupees Nine Thousand Two Hundred Eighty-Nine Only

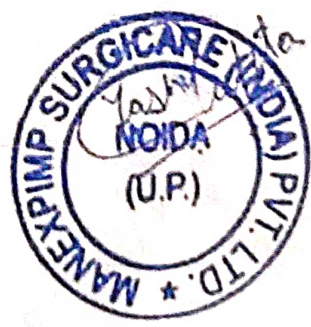
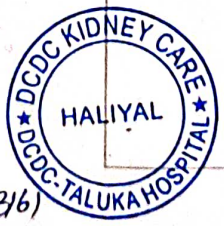
Notes
THANK YOU FOR YOUR BUSINESS

Bank Account Details:
INDUS IND BANK
ACCOUNT NO : 257668230440
IFS C : INDB0000733

Sub Total	5,923.00
Shipping charge (IGST (18%)) SAC: 996511	2,250.00
IGST (12%)	710.76
IGST (18%)	405.00
Rounding	0.24
Total	₹9,289.00
Balance Due	₹9,289.00

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.

Stock/No. of Boxes Received 03
Subject to Physical Check
Name/Employee Code Rabin D.
Centre Name Haliyal
Date/Time 11/06/24
Signature M. No. 9449373161



Authorized Signature