

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-002124	Place Of Supply	: Delhi (07)
Invoice Date	: 16/09/2023		
Terms	: Net 60		
Due Date	: 15/11/2023		
P.O.#	: 109-082023-23346 (48)		

Bill To	Ship To
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	FORD HOSPITAL SAMNE GHAT RD NEAR BHU TRAUMA CENTER BALAJI NAGAR COLONY 221005 Uttar Pradesh India 7071714200

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Gauze Swabs	3005	400.00 /piece	6.90	12%	331.20	2,760.00
2	Fistula Kit ON KIT	3005	500.00	8.50	12%	510.00	4,250.00
3	Fistula Kit OFF KIT	3005	500.00	8.50	12%	510.00	4,250.00

Total In Words
Rupees Twelve Thousand Six Hundred Eleven Only

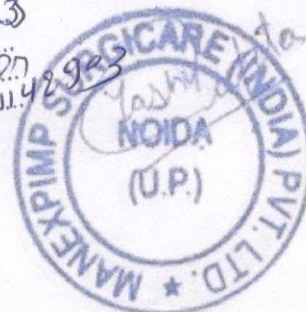
THANK YOU FOR YOUR BUSINESS

Sub Total	11,260.00
IGST (12%)	1,351.20
Rounding	-0.20
Total	₹12,611.00
Balance Due	₹12,611.00

Bank Account Details

INDUS IND BANK
ACCOUNT NO : 257668230440
IFS C : INDB0000733

Stock/No. of Boxes Received *2 box*
 Subject to Physical Check
 Name/Employee Code *Maya / DCR.11.5*
 Centre Name *Ford Hospital*
 Date/Time *20/11/23 4.11.00 PM*
 Signature *[Signature]* M. No. *96211.4*



Authorized Signature

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.

	LR: 251096491
	MAWB: 21605310040084
	Box count: DOC
	Client: MANEXPRIME B2B
LM Pincode: 221005	OID: 2124
21605310040106	

Stock No. of Boxes Received
 Subject to Physical Check
 Name Employee Code
 Centre Name
 Date/Time
 Signature M. No.

21605310040106