

DCDC | DCDC KIDNEY CARE

DCDC Health Service Pvt. Ltd.
C-185, Mayapuri Industrial Area phase- 2
Mayapuri, New Delhi-110064
CIN No. - U85190DL2014PTC265804

PURCHASE ORDER

P.O No. : 51-122023-24516-1

P.O Date : 12-12-2023

Supplier Detail:

M/S GURUNANAK SURGICAL
45 OLD VIJAY NAGAR COLONY
AGRA-282002 UTTAR PRADESH
Contact No : 8218740861
Payment Terms : 60 Days

Delivery Centre Detail:

DCDC Health Service Pvt. Ltd. @
District Hospital Mathura
Maharishi Dayanand Saraswati District Hospital, Dialysis
Unit, Civil Lines, Choubey Para, Mathura, U.P.-281001,
281001
Contact No : 9837867021

Sr.	Item Name	Qty	Rate	GST %	Amount
1.	N.S 1000 ML	1200	30	12	40,320.00
Total Amount					40,320.00

TERMS AND CONDITIONS

- PURCHASE ORDER NO. SHOULD BE MENTIONED IN ALL INVOICES/DELIVERY CHALLANS.
- INVOICE COPY SHOULD BE SUBMITTED ALONG WITH DELIVERY PROOF IN H.O
- PURCHASE ORDER IS VALIDATE TILL 40 DAYS FROM PURCHASE ORDER DATE.
- KINDLY SEND US THE CONFIRMATION OF RECEIVED ORDER.
- THE VENDOR AGREES TO BE HELD RESPONSIBLE FOR ALL CLAIMS ON ACCOUNT OF INFERIOR QUALITY ITEMS OR ITEM SUPLIED OTHER THAN SPECIFICATION MENTIONED ON THE PURCHASE ORDER.
- MATERIAL SHOULD BE DELIVERED TO CENTRES DURING WORKING DAYS FROM 10:00AM TO 05:00PM

Important: Kindly send scanned copy of invoice on scm@dcdc.co.in on the date of dispatch.

+91-11-45581006

www.dcdc.co.in

Info@dcdc.co.in

Note : Electronically generated document no signature required.

Stock/No. of Boxes Received
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature *K. Sider* M. No. 9837867021

WAHE GURU Ji

GURUNANAK SURGICAL

SHOP NO.9, GROUND FLOOR, KARSHIN PLAZA
SHALIMAR ENCLAVE, KAMILA NAGAR, AGRA-282005
Phone : 9897280413, 8218740861

M/s DDCDC HEALTH SERVICES PRIVATE LIMITED
FIRST FLOOR, C-185 REWARI LINE INDUSTRIAL
AREA MAYAPURI PHASE-II, NEW DELHI 1160064 State : 07
Ph.No.: 8506011227
GST : 07AAFCD0204K1Z1 STATE CODE :07-DELHI

D.I.No.: UP8020B001432, UP8021B001428
GSTIN : 09DYQPS3849C1ZS
FSSAI NO. :

FSSAI NO. : PAN NO. : AAFCD0204K

GST INVOICE

Invoice No. : GS002879
Date : 15-12-2023
Way Bill No. :

Item Name	Packing	GST%	HSN	Qty.	Free	S.Rate	Rate	Amount	Dis%	Mrp	Batch	Exp.
JEDUX NS ILITER FFS	1*12	12.00	3004	1140	0	33.60	30.00	34200.00	0.00	51.30	M3031840	11/25
JEDUX NS ILITER FFS	1*12	12.00	3004	60	0	33.60	30.00	1800.00	0.00	51.30	M3031841	11/25
TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IGST		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IGST PAYABLE		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CR/DR NOTE		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GRAND TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

GURUNANAK SURGICAL

BANK NAME : HDFC BANK SANJAY PLACE

BANK A/C NO : 50200044514991

IFSC CODE : HDFC0000121

Rs. Forty Thousand Three Hundred Twenty Only

Terms & Conditions

On the assurance of the party that they have got their valid DRUG licence or he is R.M.P., we are executing the indent. (Sec. 18 DRUG ACT 1940)
All Disputes Subject to AGRA Jurisdiction Only.

For GURUNANAK SURGICAL