

**GARG SURGICAL POINT PVT. LTD.**

GOVT. DHAM NEAR BANK OF BARODA  
 TRAM'S YAHUNA COLONY PHASE-II, AGRA-282006

Godown: KASRA NO 121, BHAGUPUR, VILLAGE BIHARIPUR, AGRA

Phone : 9319082007 Fax : U P

License No : UP8020B002124 UP8021B002118

GSTIN : 09AAFCG1228G1ZT

**GST INVOICE-CREDIT**

CREDIT

Party Name :  
 CDC HEALTH SERVICE PVT LTD  
 C-185 MAYAPURI INDUSTRIAL AREA  
 PHASE-2 MAYAPURI NEW DELHI  
 PHONE :  
 07-DELHI

Invoice No : **GSL.T002955**  
 Invoice Date : **20-07-2024**  
 Order No. :  
 Order Date : **20-07-2024**  
 L.R. No. :  
 L.R. Date : **20-07-2024**  
 Transport Cases : **0**

S.	Qty.	Free	MRP.	Mfr	Pack	Product Name	Batch	Exp	HSN	N.RATE	Rate	Dis	IGST	Value	Value	Amount	
1	72	0.00	39.05	KRPL	1*25	KRPL NS 500 (FFS)	S1V40901	6/26	300490	448.00	400.0000	0.00	12.00	3456.00	0.00	0.00	28800.00
2	200	0.00	22.03	KRPL	1*100	KRPL NS 100ML (FFS)	S1M40885	6/26	300410	10.64	9.5000	0.00	12.00	228.00	0.00	0.00	1900.00
3	300	0.00	21.25	KRPL	1*100	KRPL D25% 100ML	DSM40017	5/26	300490	15.12	13.5000	0.00	12.00	486.00	0.00	0.00	4050.00
<b>TOTAL</b>			<b>34750.00</b>														<b>34750.00</b>

**Terms & Conditions**

Goods once sold will not be taken back or exchanged.  
 All disputes subject to Jurisdiction only.  
 TCS will be charged U/s 206C(1H) only on the receipt which exceed Rs.50 lacs in the F.Y.  
 IRN-ACK NO.: DATE:

FOR GARG SURGICAL POINT PVT. LTD.

Authorized Signatory

Grand Total

38920.00

Stokhilo. of Boxes Received ..... 77 Box  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature .....  
 M. No 8072095610