

Newtech Medical Devices Pvt. Ltd.

Original for Buyer

14/5, Near BMW Showroom
Main Mathura Road Faridabad Haryana, 121003
Haryana, 121003 PAN No. AAHCN1154A
Phone : 0129-2259961, MFG/MD/2023/000475
E-Mail : info@ntmdevices.com

GSTIN : 06AAHCN1154A1Z1

GST INVOICE

D.L.No.: MFG/MD/2023/000289

Bill To DCDC HEALTH SERVICES PRIVATE LIMITED First Floor, C-185, Rewari Line Industrial Area, Mayapuri, Phase-II, New Delhi, 110064 CONTACT PERSON-MR. RAMESH Phone No.:8851337558,9999866375 D.L.No.: GSTIN : 07AAFCD0204K1Z1 PAN NO :AAFCD0204K	Ship To DCDC DIALYSIS CENTRE TH RANIBENNUR, GOVT GENERAL HOSPITAL HALAGERI ROAD, RANIBENNUR 581115, Karnataka, CONTACT 9113647411	IRN NO.: 74c4b37dedd90401e8c5c25e767affa9aae2e6a38103295e40cc44346314a72
Invoice No.: NTMPL24-25/01942 Date: 02-07-2024		P.O.No.: 197-062024-263 P.O.Date: 04-06-2024
Terms Of Payment: 60 days		Dispatch Through: BY SURFACE
Destination: TRACKON		Other Ref.: YASHIKA
EWAYBILL:		

S.no	Product	MRP	HSN	QTY	RATE	DIS%	GST%	Amount
1	TRANSDUCER PROTECTOR STANDARD Batch:- 23050201 Mfg:- 5/23 Exp:- 4/26 ITEM CODE:- OTHERS	80.00	90183990	200 PCS	4.000	0.00	12.00	800.00
	FREIGHT.						12.00	100.00

IGST 900*12%=108IGST,

TOTAL QTY: 200.00

SUB TOTAL	900.00
IGST 12 %	108.00
TCS 0.000%	0.00
GRAND TOTAL	1008.00

Rs. One Thousand Eight Only

Terms & Conditions

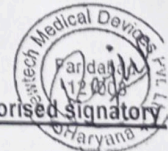
1. Cash payment is not acceptable. Please send the payment only through cheque/DD/RTGS/NEFT in favour of NEWTECH MEDICAL DEVICES PVT.LTD payable at Faridabad. Please pay on or before due date otherwise 24% interest per annum will be charged. Please turn over for further terms and conditions. All Subject to Faridabad Jurisdiction. Tax payable under reverse charge (Yes/No) = "No"

For Newtech Medical Devices Pvt. Ltd.

Certified that the particulars given above are true and correct

Checked By _____

Authorised signatory



BANK DETAILS

A/C NAME : NEWTECH MEDICAL DEVICES PVT. LTD.
Bank Name : Kotak Mahindra Bank Ltd.
Branch : Sector -16, Faridabad
A/c No : 8748965988
IFSC : KKBK0000286

Stock/No. of Boxes Received 01
Subject to Physical Check
Name/Employee Code SANKAR S.M
Centre Name RANIBENNUR
Date/Time 02/07/2024
Signature Sankar M. No. 7021812220

REMARKS :

PO/197-062024-26329

NTMPI/01899

01.07.2024