



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

PURCHASE ORDER

P.O No. : 51-032024-25330

P.O Date : 05-03-2024

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
2.	N.S 100 ML	500	13	12	7,280.00
3.	DEXTROSE 25 %	500	15	12	8,400.00
Total Amount					56,000.00

TERMS AND CONDITIONS

1. PURCHASE ORDER NO. SHOULD BE MENTIONED IN ALL INVOICES/DELIVERY CHALLANS.
2. INVOICE COPY SHOULD BE SUBMITTED ALONG WITH DELIVERY PROOF IN H.O
3. PURCHASE ORDER IS VALIDATE TILL 40 DAYS FROM PURCHASE ORDER DATE.
4. KINDLY SEND US THE CONFIRMATION OF RECEIVED ORDER.
5. THE VENDOR AGREES TO BE HELD RESPONSIBLE FOR ALL CLAIMS ON ACCOUNT OF INFERIOR QUALITY ITEMS OR ITEM SUPPLIED OTHER THAN SPECIFICATION MENTIONED ON THE PURCHASE ORDER.
6. 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 1,10,000
Subject to Physical Check
Name/Employee Code
Centre Name D.H. Mathura
Time 05/03/2024
Signature M. No. 9837867021