



MANEXPIMP SURGICARE
Together through life

Manexpimp Surgicare (India) Pvt. Ltd

A-100
SECTOR 65,
NOIDA Uttar Pradesh 201301
India
GSTIN 09AALCM0495R1ZJ

5717

3Box

ORIGINAL

TAX INVOICE

Invoice# : INV-002449
Invoice Date : 12/03/2024
Terms : Net 60
Due Date : 11/05/2024
P.O.# : 103-032024-25321 (10)

Place Of Supply : Delhi (07)

Bill To

DCDC Health Services Private Limited
C-185, MAYAPURI INDUSTRIAL AREA
PHASE -2
DELHI
110064 Delhi
India
GSTIN 07AAFCD0204K1Z1

Ship To

DISTRICT HOSPITAL KASGANJ
DIALYSIS CENTER COMBINED DISTRICT HOSPITAL KASGANJ
VILLAGE MAMMOM DISTRICT KASGANJ NEAR DISTRICT
COURT KASGANJ
207123 Uttar Pradesh
India
9584802753

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit ON KIT	3005	500.00	7.40	12%	444.00	3,700.00
2	Fistula Kit OFF KIT	3005	500.00	7.40	12%	444.00	3,700.00
3	Catheterization Kit ON KIT	3005	100.00	28.00	12%	336.00	2,800.00
4	Face Mask	62103090	500.00 /piece	1.57	5%	39.25	785.00

Total In Words
Rupees Fifteen Thousand Three Hundred Sixteen Only

Notes

THANK YOU FOR YOUR BUSINESS

Bank Account Details:

INDUS IND BANK
ACCOUNT NO : 257668230440
IFS C : INDB0000733

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.

Sub Total 10,985.00
Shipping charge (IGST (18%)) 2,600.00
SAC: 996511
IGST (12%) 1,224.00
IGST (5%) 39.25
IGST (18%) 468.00
Rounding -0.25
Total ₹15,316.00
Balance Due ₹15,316.00

Stock/No. of Boxes Received **3**
Subject to Physical Check
Name/Employee Code **Vidul / DC02168**
Centre Name **D.H.K. Kasganj**
Date/Time **12/03/2024 11:40 AM**
Signature **[Signature]** M. No. **9584802753**



Authorized Signature