

1A Box



MANEXPIMP SURGICARE
Surgicare through us

Manexpimp Surgicare (India) Pvt. Ltd

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

ORIGINAL

TAX INVOICE

Invoice# : INV-001860
Invoice Date : 30/05/2023
Terms : Net 60
Due Date : 29/07/2023
P.O.# : 145-052023-22749-7 (64)

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
GH GANDHI HOSPITAL SECBAD
GANDHI HOSPITAL BHOIGUDA MUSHEERABAD DIST
HYDERABAAD
500020 Telangana
India
8588850032

#	Item & Description	MRP	HSN/SAC	Qty	Rate	IGST		Amount
						%	Amt	
1	Catheterization Kit OFF KIT	₹70.00	3005	500.00 /piece	32.00	12%	1,920.00	16,000.00
2	Catheterization Kit ON KIT	₹70.00	3005	500.00 /piece	35.00	12%	2,100.00	17,500.00
3	Fistula Kit OFF KIT	₹30.00	3005	2,000.00	8.50	12%	2,040.00	17,000.00
4	Fistula Kit ON KIT	₹30.00	3005	2,000.00	8.50	12%	2,040.00	17,000.00

Total In Words
Rupees Seventy-Five Thousand Six Hundred Only

Sub Total	67,500.00
IGST (12%)	8,100.00
Total	₹75,600.00
Balance Due	₹75,600.00

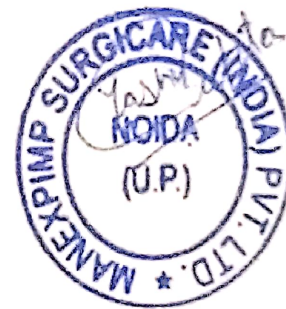
THANK YOU FOR YOUR BUSINESS

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.



Authorized Signature

.....
 Name/emp. yee Code M. Juman
 Centre Name Gandhi Center
 Date/Time 28/05/2023
 Signature M. No.....
 Acs