

4 Box



MANEXPIMP SURGICARE
Together through life

**Manexpimp Surgicare (India) Pvt.
Ltd**

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

DUPLICATE

TAX INVOICE

Invoice# : **INV-001596**
Invoice Date : **13/03/2023**
Terms : **Net 60**
Due Date : **12/05/2023**
P.O.# : **95-032032-22006-7 (42)**

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 LALITPUR
DIALYSIS CENTER MANYWAR KANSHIRAM JOINT DISTRICT
HOSPITAL CIVIL LINES LALITPUR
284403 Uttar Pradesh
India
8770441244

#	Item & Description	MRP	HSN/SAC	Qty	Rate	IGST		Amount
						%	Amt	
1	Fistula Kit ON KIT	₹30.00	3005	1,000.00	8.50	12%	1,020.00	8,500.00
2	Fistula Kit OFF KIT	₹30.00	3005	1,000.00	8.50	12%	1,020.00	8,500.00
3	LASA BOX	₹699.00	392330	2.00 /piece	340.00	18%	122.40	680.00

Total In Words
**Rupees Twenty Thousand Two Hundred Forty-Two and Forty
Paise Only**

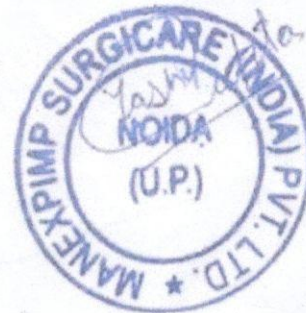
THANK YOU FOR YOUR BUSINESS

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	17,680.00
IGST (12%)	2,040.00
IGST (18%)	122.40
Shipping charge	400.00
Total	₹20,242.40
Balance Due	₹20,242.40



Authorized Signature



Handwritten signature

DCDCHSPL CENTRE-DIST. HOSPITAL LALITPUR
MATERIAL RECEIVED

DATE: **16/3/2023**
TIME: **4:13 P.M.**

RECEIVED BY: *Urvashi Saraf*