

2 Box



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

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

ORIGINAL

**TAX INVOICE**

Invoice# : INV-001919  
Invoice Date : 15/06/2023  
Terms : Net 60  
Due Date : 14/08/2023  
P.O.# : 103-062023-22827-5 (56)

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 MAMMON 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	8.50	12%	510.00	4,250.00
2	Fistula Kit OFF KIT	3005	500.00	8.50	12%	510.00	4,250.00
3	Disposable Head cap	62103090	500.00 /piece	0.85	5%	21.25	425.00

Total In Words  
**Rupees Nine Thousand Nine Hundred Sixty-Six and Twenty-Five Paise Only**

Sub Total	8,925.00
IGST (12%)	1,020.00
IGST (5%)	21.25
<b>Total</b>	<b>₹9,966.25</b>
<b>Balance Due</b>	<b>₹9,966.25</b>

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

Stock/No. of Boxes Received ..... 2 .....

Subject to Physical Check

Name/Employee Code ..... *Roshay* .....

Centre Name ..... *Kasganj* .....

Date/Time *26/06/2023* ..... *2:35 pm* .....

Signature *Roshay* ..... M. No. *8826274366*