



MANEXPIMP SURGICARE  
Together through life

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

A-700  
SECTOR 65,  
NOIDA Uttar Pradesh 201301  
India  
GSTIN 09AALCM0495R1ZJ

DUPLICATE

**TAX INVOICE**

Invoice# : INV-001809  
Invoice Date : 09/05/2023  
Terms : Net 60  
Due Date : 08/07/2023  
P.O.# : 72-052023-22576-3 (30)

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**  
AMBEDKAR NAGAR COMBINED HOSPITAL  
AKBARPUR AMBEDKAR NAGAR  
224122 Uttar Pradesh  
India  
7268821754

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Disposable Head cap	62103090	300.00 /piece	0.85	5%	12.75	255.00
2	Face Mask	62103090	500.00 /piece	1.57	5%	39.25	785.00
3	Fistula Kit OFF KIT	3005	1,500.00	8.50	12%	1,530.00	12,750.00
4	Fistula Kit ON KIT	3005	1,500.00	8.50	12%	1,530.00	12,750.00
5	Shoe Cover (Plastic)	3924	500.00 /pair	1.90	18%	171.00	950.00

Total In Words  
**Rupees Thirty Thousand Seven Hundred Seventy-Three 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	27,490.00
IGST (5%)	52.00
IGST (12%)	3,060.00
IGST (18%)	171.00
<b>Total</b>	<b>₹30,773.00</b>
<b>Balance Due</b>	<b>₹30,773.00</b>



Authorized Signature

Stock/No. of Boxes Received ... 6 .....  
Subject to Physical Check  
Name/Employee Code ..... DC 107 R .....  
Centre Name ..... Ambedkar Nagar .....  
Date/Time ..... 15/07/23 ..... 5:00 PM .....  
Signature ..... M. No. 7268821754