

**INVOICE**  
(U/S 31 read with Rule 46)

10/25/24 09:11:32 AM  
Invoice No: 2415100297



PAN No: AAACP3891P    CIN No: LA100011005011000000  
GSTIN: 06AAACP3891P1ZV    State Code: 06 - Haryana

**Polymed Limited**  
Plot No. 68, IMT  
Mayapuri Industrial Area, Phase-II, New Delhi 110064, India  
Tel: 011-29335800 Fax: N/A  
Email: [polymed@polymed.com](mailto:polymed@polymed.com)  
Mfg Drug License No: MFG/MD/2018/000032, MFG/MD/2020/000183  
Wholesale Drug License No: RLF21B2023HR000464/20B2023HR000470

Customer Purchase Order No /Date: SHOW BELOW

Invoice No & Date : 2415100297 / 16.04.2024

**Consignee/Ship To** 1500812  
M/s DCDC Health Service Pvt. Ltd.  
DCDC Dialysis Center Kurukshetra Government Polytechnic Timari road, Sec-114  
Kurukshetra 136118, Haryana (India)  
TEL No: 7015874488, Email:  
Drug Lic N/A 31.12.9999  
GSTIN: PAN:  
State Code: 06 - Haryana

Place of Supply: 07 - Delhi  
Date of Issue of Invoice: 16.04.2024  
Mode of Tpt & Vehicle No: BY ROAD /  
Transporter: DELIVERY EXPRESS

G.R/L.R. No./ Date: 244625635  
IRN: cd9d60fa97913ee92e23e8556bf9948161f3d68285e288859d9d00d7592

**Name & Address of Customer/Bill to**  
1102593  
M/s DCDC Health Services Pvt. Ltd.  
C-185, 1st Floor, Mayapuri Industrial Area, Phase-II, New Delhi 110064, Delhi (India)  
TEL No: 01145581006, 8506005916 Email: [scm@dcdc.co.in](mailto:scm@dcdc.co.in)  
Drug Lic N/A 31.12.9999  
GSTIN: 07AAAFCD0204K1Z1    PAN: AAAFCD0204K

Payment Terms: Payment Due in 120 Days  
Delivery Terms: FOR Delhi  
Sales Order: SHOW BELOW  
Incl No: SHOW BELOW  
Payment Method: Normal Sales

**Bank Detail:** STATE BANK OF INDIA  
SME BRANCH, FARIDABAD  
A/C NO: 10410101725  
IFSC CODE#: SBIN0009950

Scan & Pay Using Any UPI App to UPI ID: polymed@sbci



| S.No  | Description of Goods  | HSN Code | No. of Pkg | Quantity NO (s) | Rate/Unit INR | Taxable Value              | IGST Rate (%) | IGST Amount      |
|---|---|----------|------------|-----------------|---------------|----------------------------|---------------|------------------|
| 1   | A.V. FISTULA NEEDLE 16 G (DOUBLE PACK)<br>B.No.8101924C[Mfg.2024-03,Exp.2029-02]1000, | 90183990 | 4          | 1,000.00        | 17.5000       | 17,500.00                  | 12            | 2,100.00         |
| 2   | A.V. FISTULA NEEDLE 17G (DOUBLE PACK)<br>B.No.8102324C[Mfg.2024-03,Exp.2029-02]1000,  | 90183990 | 4          | 1,000.00        | 17.5000       | 17,500.00                  | 12            | 2,100.00         |
| <b>TOTAL</b>  |   |          | <b>8</b>   | <b>2,000.00</b> |               | <b>35,000.00</b>           |               | <b>4,200.00</b>  |
|   |   |          |            |                 |               | <b>Taxable Value</b>       |               | <b>35,000.00</b> |
|   |   |          |            |                 |               | <b>IGST</b>                |               | <b>4,200.00</b>  |
|   |   |          |            |                 |               | <b>TCS @0.1%</b>           |               | <b>39.29</b>     |
|   |   |          |            |                 |               | <b>Rounding Off</b>        |               | <b>0.20</b>      |
| <b>Grand Total (In INR in Words) Rupees Thirty Nine Thousand Two Hundred Thirty Nine Only</b> |   |          |            |                 |               | <b>Grand Total ( INR )</b> |               | <b>39,239.00</b> |

**Remarks: Whether tax is payable on reverse charge: NO**  
PO No: 107-042024-25876 email dt, 05.04.24/00 00.0000  
Sale Order No: 1010226742/15.04.2024  
Del No: 8110227409/16.04.24

Verified that the Particulars stated above are true and correct and the price indicated represents the price actually charged and there is no flow of additional consideration directly or indirectly from the buyer

**Terms & Conditions**

- Interest @ 15% will be charged if payments are made after the due date
- IGST will be applicable on Interest & Penalty for delayed payment
- Cargo are insured under Marine Cargo open Policy
- Cargo once sold will not be taken back
- All disputes are subject to Faridabad jurisdiction only

Stock/No. of Boxes Received ..... 8 .....  
Subject to Physical Check  
Name/Employee Code ..... Dr. P. 24/63 .....  
Centre Name ..... Kurukshetra .....  
Date/Time ..... 16.04.2024 .....  
Signature ..... M. No. 7015874488

7065

For Polymed Limited  
Authorised Signatory