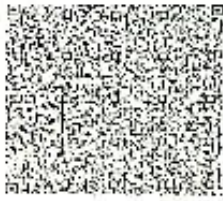


Original for Buyer



Newtech Medical Devices Pvt. Ltd.

14/5, Near BMW Showroom
Main Mathura Road Faridabad Haryana, 121003
Haryana, 121003 PAN No AAHCN1154A
Phone : 0129-2259961, MFG/MD/2023/000475
E-Mail : info@ntmeddevices.com

GSTIN : 06AAHCN1154A1Z1

GST INVOICE

D.L.No.: MFG/MD/2023/000289

Bill To

Ship To

JCCO HEALTH SERVICES PRIVATE LIMITED

First Floor, C-185 Rewari Line Industrial
Area Mayapuri, Phase-II, New Delhi, 110064
CONTACT PERSON-MR RAMISH
Phone No. 8861337553, 9966866375

D.L.No

GSTIN : 07AAFC00204K1Z1 PAN NO : AAFC00204K

Tr. Savanur

Government General Hospital, Laksar
Bazar Savanur, 581118 Karnataka
Contact No. 8113847411

Invoice No.: NTMPL23-24/19025 Date : 09-03-2024

P.O.No. : 194-032024-253/P.O.Date : 05-03-2024

Terms Of Payment : 60 days

Dispatch Through : BY SURFACE

Destination : TRACKON

Other Ref. : YASHIKA

EWAYBILL :

S.no	Product	MRP	HSN	QTY	RATE	DIS%	GST%	Amount
1	TRANSDUCER PROTECTOR STANDARD Batch: 23050201 Mfg: 5/23 Exp: 4/26 ITEM CODE:- OTHERS	80.00	60183930	400 PCS	4.000	0.00	12.00	1600.00

IGST 1800*12%-192IGST.

TOTAL QTY: 400.00

SUB TOTAL 1600.00

IGST 12 % 192.00

TCS 0.000% 0.00

GRAND TOTAL 1792.00

Rs. One Thousand Seven Hundred Ninety Two Only

Terms & Conditions

1. Cash payment is not acceptable. Please send the payment only through cheque/DD/RTGS/NEFT in favour of NEWTECH MEDICAL DEVICES PVT. LTD payable at Faridabad. Please pay on or before due date otherwise 24% interest per annum will be charged. Please turn over for further terms and conditions. All Subject to Faridabad Jurisdiction. Tax payable under reverse charge (Yes/No) = "No"

Certified that the particulars given above are true and correct

Checked By

For Newtech Medical Devices Pvt. Ltd.

Authorised signatory



BANK DETAILS

A/C NAME : NEWTECH MEDICAL DEVICES PVT. LTD.

Bank Name : HDFC BANK

Branch : SECTOR-21C, FARIDABAD

A/c No : 50200077322740

IFSC : HDFC0000615

REMARKS :

PO/194-032024-25300

NTMP/06215

09.03.2024

Stock/No. of Boxes Received 02
 Subject to Physical Check
 Name/Employee Code M. J. M.
 Centre Name Savanur Government Hospital
 Date/Time 18.3.24
 Signature [Signature]