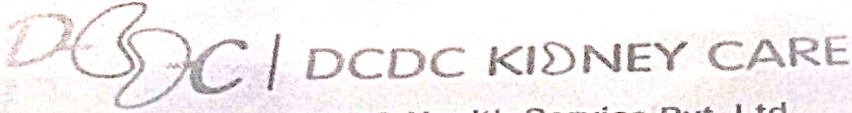


Sr. No Patient Name

UHD

DELTA Pg No.



524 - 00 9587

DCDC Health Service Pvt. Ltd.
C-185, Mayapuri Industrial Area phase-2
Mayapuri, New Delhi-110064
CIN No. - U85190DL2014PTC265804

PURCHASE ORDER

P.O No. : 49-092024-27368

P.O Date : 06-09-2024

Supplier Detail:

SHRI BALAJI ENTERPRISES
PLOT NO. 17 BACK PORTION ,SECOND FLOOR DLF
INDUSTRIAL AREA NAJAFGARH ROAD ,MOTI NAGAR
Contact No : 9311355570
Payment Terms : 60 Days

Delivery Centre Detail:

DCDC Health Service Pvt. Ltd.
@
Civil Hospital Bhiwani
1st Floor, Near PMO Office, Ch.
Bansilal Civil Hospital Bhiwani,
Ghanta Ghar Chowk, 127021
Contact No : 9813981347

Sr.	Item Name	Qty	Rate	GST %	Amount
1.	INJ. ERYTHROPOITIN 4000 IU	600			
Total Amount					

TERMS AND CONDITIONS

1. PURCHASE ORDER NO. SHOULD BE MENTIONED IN ALL INVOICES/DELIVERY CHALLANS
2. INVOICE COPY SHOULD BE SUBMITTED ALONG WITH DELIVERY PROOF IN H.O
3. PURCHASE ORDER IS VALIDATE TILL 40 DAYS FROM PURCHASE ORDER DATE.
4. KINDLY SEND US THE CONFIRMATION OF RECEIVED ORDER.
5. THE VENDOR AGREES TO BE HELD RESPONSIBLE FOR ALL CLAIMS ON ACCOUNT OF INFERIOR QUALITY MATERIALS OTHER THAN SPECIFICATION MENTIONED ON THE PURCHASE ORDER.
6. MATERIAL SHOULD BE DELIVERED TO CENTRES DURING WORKING DAYS FROM 10:00AM TO 05:00PM

Important: Kindly send scanned copy of invoice on scm@dcdc.co.in on the date of dispatch.

Number of Boxes Received ✓
 Subject to Physical Check
 Name/Employee Code
 Centre Name BHIWANI
 Date/Time 12-9-24 1:30 pm
 Signature
 M. No. 8506-00716

+91-11-45581006

www.dcdc.co.in

Info@dcdc.co.in

Note : Electronically generated document no signature required.

