



MANEXPIMP SURGICARE  
Together through life

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

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

**TAX INVOICE**

Invoice# : **INV-001537**  
Invoice Date : **11/02/2023**  
Terms : **Net 60**  
Due Date : **12/04/2023**  
P.O.# : **29-022023-21855-4 (28)**

Place Of Supply : **Himachal Pradesh (02)**

**Bill To**  
**DCDC Health Services Private Limited**  
C-185, MAYAPURI INDUSTRIAL AREA  
PHASE -2  
DELHI  
110064 Delhi  
India  
GSTIN 07AAFCD0204K1Z1

**Ship To**  
REGIONAL HOSPITAL BILASPUR  
REGIONAL HOSPITAL EXCISE COLONY  
174001 Himachal Pradesh  
India  
7018470530

| # | Item & Description     | HSN/SAC | Qty            | Rate   | IGST |        | Amount   |
|---|------------------------|---------|----------------|--------|------|--------|----------|
|   |                        |         |                |        | %    | Amt    |          |
| 1 | Fistula Kit<br>ON KIT  | 3005    | 100.00         | 8.50   | 12%  | 102.00 | 850.00   |
| 2 | Fistula Kit<br>OFF KIT | 3005    | 100.00         | 8.50   | 12%  | 102.00 | 850.00   |
| 3 | LASA BOX               | 392330  | 4.00<br>/piece | 340.00 | 18%  | 244.80 | 1,360.00 |

Total In Words  
**Rupees Three Thousand Five Hundred Eight and Eighty Paise  
Only**

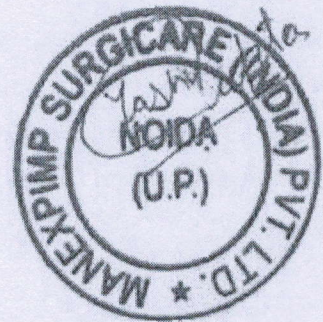
Sub Total 3,060.00  
IGST (12%) 204.00  
IGST (18%) 244.80  
Total ₹3,508.80  
Balance Due ₹3,508.80

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

DCDCHSPL CENTRE-REGIONAL HOSPITAL, BILASPUR  
**MATERIAL RECEIVED**

DATE 23/2/2023  
TIME 11:00 AM RECEIVED BY [Signature]