

**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@ntmdevices.com

**GST INVOICE**

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

GSTIN : 06AAHCN1154A1Z1

IRN NO.: 19433236df5aa9bd2c66822fe4cdc78403e6a77bd59ad3e2d80c7458c62fe21

<b>Bill To</b> DCDC HEALTH SERVICES PRIVATE LIMITED First Floor, C-185, Rewari Line Industrial Area, Mayapuri, Phase-II, New Delhi, 110064 CONTACT PERSON-MR. RAMESH Phone No.:8851337558,9999866375 D.L.No.: GSTIN : 07AAFC0204K1Z1 PAN NO :AAFC0204K	<b>Ship To</b> DCDC HEALTH SERVICE PVT LTD AH DHARMAPURI CHC DHARMAPURI DISTRICT JAGTIAL 505325 TELANGANA PH NO- 9849156742	<b>Invoice No.:</b> NTMPL23-24/18371 <b>Date :</b> 10-02-2024 <b>P.O.No. :</b> 117-022024-2505 <b>P.O.Date :</b> 07-02-2024 <b>Terms Of Payment :</b> 60 days <b>Dispatch Through :</b> BY SURFACE <b>Destination :</b> TRACKON <b>Other Ref. :</b> YASHIKA <b>EWAYBILL. :</b>
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S.no	Product	MRP	HSN	QTY	RATE	DIS%	GST%	Amount
1	<b>TRANSDUCER PROTECTOR STANDARD</b> Batch:- 23050201 Mfg:- 5/23 Exp:- 4/26 ITEM CODE:- OTHERS	80.00	90183990	600 PCS	4.000	0.00	12.00	2400.00

Stock/No. of Boxes Received ..... 01 .....  
Subject to Physical Check  
Name/Employee Code ..... D.C.03201 .....  
Centre Name ..... DHARMAPURI .....  
Date/Time ..... 27/2/24 .....  
Signature ..... M. No. 9121462307

IGST 2400\*12%=288IGST.

TOTAL QTY: 600.00

**SUB TOTAL** 2400.00  
**IGST 12 %** 288.00  
**TCS 0.000%** 0.00  
**GRAND TOTAL** 2688.00

Rs. Two Thousand Six Hundred Eighty Eight Only

For Newtech Medical Devices Pvt. Ltd.

**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 \_\_\_\_\_

Authorized 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-117-022024-25051

NTMPI/05536

08.02.2024