

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

GSTIN : 06AAHCN1154A1Z1

GST INVOICE

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

Bill To	Ship To	Invoice No.:	Date :
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 : 07AAFCD0204K1Z1 PAN NO :AAFCD0204K	DCDC DIALYSIS CENTRE TALUKA HOSPITAL ALMEL, TALUKA GENERAL HOSPITAL ALMELA DIST, VIJAYPURA Karnataka - 586202, India, 7406820897	NTMPL24-25/01887	29-06-2024
		P.O.No. : 215-062024-2636	O.Date : 04-06-2024
		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	90183990	400 PCS	4.000	0.00	12.00	1600.00
	FREIGHT.						12.00	500.00

IGST 2100*12%=252IGST.

TOTAL QTY: 400.00

SUB TOTAL 2100.00

IGST 12 % 252.00

TCS 0.000% 0.00

GRAND TOTAL 2352.00

Rs. Two Thousand Three Hundred Fifty 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"

For Newtech Medical Devices Pvt. Ltd.

Certified that the particulars given above are true and correct Checked By

Authorised signatory

BANK DETAILS

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

Bank Name : Kotak Mahindra Bank Ltd.

Branch : Sector -16, Faridabad

A/c No : 8748965988

IFSC : KKBK0000286

REMARKS :

PO/215-062024-25395

NTMPI/01856

28.06.2024

Stock/No. of Boxes Received 37
Subject to Physical Check
Name/Employee Code M.S. Dasgupta
Centre Name C.H.C. Taluka Hospital
Date/Time 28/06/24 11:20am
Signature M. No. 4325451190

