



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	IRN NO.: 1816dd27837a0622f5f2a11165ab50649636591d113680737864411a67c31737
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	TH Byadgi Government General Hospital Agasanhalli Road,Byadgi,581106 Karnataka Contact No. 9113647411	Invoice No.:NTMPL23-24/19137 Date : 13-03-2024 P.O.No. : 195-032024-2529 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	90183990	200 PCS	4.000	0.00	12.00	800.00
	FREIGHT.						12.00	100.00

IGST 900*12%=108IGST,

TOTAL QTY: 200.00

SUB TOTAL 900.00

IGST 12 % 108.00

TCS 0.000% 0.00

GRAND TOTAL 1008.00

Rs. One Thousand Eight 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 : HDFC BANK

Branch : SECTOR-21C,FARIDABAD

A/c No : 50200077322740

IFSC : HDFC0000615

REMARKS :

PO/195-032024-25297

NTMPL/06301

12.03.2024

Stock/No. of Boxes Received 01 Box.
Subject to Physical Check
Name/Employee Code Suseel. A.M.
Centre Name Byadgi Unit.
Date/Time 20/03/2024 5PM.
Signature M. No. 6361259951

