

<p>Poly Medicare Limited PLOT NO 33-34, Sector 68, IMT Faridabad Haryana, India ,121004 Phone: 01293355070 Fax N/A Email: plant@polymedicare.com Mfg Drug License No MFG/MD/2018/000032, MFG/MD/2020/000183 Whole sale Drug License No : RLF21B20231HR000464/20B20231HR000470</p>	 PAN No.: AAACP3891P CIN No.: LAG1000JL1901PLC066923 GSTIN : 06AAACP3891P1ZV State Code : 06 - Haryana
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Customer Purchase Order No./Date: SHOW BELOW ↓	Invoice No & Date : 2415109191 / 07.10.2024
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<p>Name & Address of Customer/Bill to 1102593 M/s. DCDC Health Services Pvt. Ltd. C-185, 1st Floor, Mayapuri Industrial Area, Phase-II, New Delhi 110064 , Delhi (India) TEL No. 01145581006 , 8506005916 Email: scm@dcdc.co.in Drug Lic:N/A 31.12.9999 GSTIN:07AAFCFD0204K1Z1 PAN:AAFCFD0204K</p>	<p>Consignee/Ship To 1501046 M/s. DCDC Health Service Pvt. Ltd PHC Zafferghad Zafferghad DCDC dialysis centres govt hospital Zafferghad Jangaon dist 506316 , Telangana (India) TEL No. 8588850032 , Email: Drug Lic:N/A 31.12.9999 GSTIN: PAN: State Code: 36 - Telangana</p>
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<p>Payment Terms: Payment Due in 120 Days Delivery Terms: FOR Delhi Sales Order : SHOW BELOW ↓ Del. No. : SHOW BELOW ↓ Payment Method : Normal Sales</p>	<p>Place of Supply : 07 - Delhi Date of Issue of Invoice : 07.10.2024 Mode of Tpt & Vehicle No.: BY ROAD / Transporter : GATI EXPRESS & SUPPLY CHAIN</p>
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<p>Bank Detail: STATE BANK OF INDIA SME BRANCH, FARIDABAD A/C NO. 10410101725 IFSC CODE# - SBIN0009950</p>	<p>G.R/L.R. No./ Date: 158445089</p>
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Scan & Pay Using Any UPI App to UPI ID : polymed@sbi IRN : d0fca0be12d29242767a56e02808982043876655728e343787c959692fed8ea0

S.No	Description of Goods	HSN Code	No. of Pkg	Quantity NO (s)	Rate/Unit INR	Taxable Value	IGST Rate(%)	IGST Amount
1	HAEMOFLUX MFP 140 ME PC PML-D B/No.8474024K[Mfg:2024-09,Exp:2027-08]196,	90189031	7	196.00	252.5000	49,490.00	5	2,474.50
TOTAL								2,474.50
						Taxable Value		49,490.00
IGST:(INR) Rupees Two Thousand Four Hundred Seventy Four And Fifty Paise Only						IGST TCS	@0.1%	51.96
						Rounding Off		0.46
Grand Total (In INR in Words): Rupees Fifty Two Thousand Sixteen Only						Grand Total (INR)		52,016.00

Remarks: Whether tax is payable on reverse charge: NO
PO No.: 124-082024-26860 email dt, 05.08.24/00.00.0000
Sale Order No.: 1010241448/06.08.2024
Del No.: 8110245286/07.10.24


Certified that the Particulars stated above are true and correct and the price indicated represents the price actually charged and there is no flow of additional consideration directly or indirectly from the buyer.
Terms & Conditions
1. Interest @ 15% will be charged if payments are made after the due date.
2. GST will be applicable on Interest& Penalty for delayed payment.
3. Goods are insured under Marine Cargo open Policy.
4. Goods once sold will not be taken back.
5. All disputes are subject to Faridabad jurisdiction only.

IRN : d0fca0be12d29242767a56e02808982043876655728e343787c959692fed8ea0

1496



Stock/No. of Boxes Received **7** Box.
 Subject to Physical Check
 Name/Employee Code **M. Pravalika**
 Centre Name **Zafferghad**
 Date/Time **21.10.2024**
 Signature **[Signature]** M. No. **1012450283**

Prepared By Jagdish	Checked By	For Poly Medicare Limited Authorised Signatory
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Poly Medicare Limited PLOT NO. 33-34, Sector 68, IMT Faridabad Haryana, India, 121004 Phones: 01293355070 Fax N/A Email: plant@polymedicare.com Mfg Drug License No: MFG/MD/2018/000032, MFG/MD/2020/000183 Whole sale Drug License No: RLF21B2023HR000464/20B2023HR000470		
	PAN No.: AAACP3891P CIN No.: LA0300DL1995PLC066923 GSTIN: 06AAACP3891PIZV State Code: 06 - Haryana	

Customer Purchase Order No./Date: SHOW BELOW ↓	Invoice No & Date : 2415109326 / 09.10.2024
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Name & Address of Customer/Bill to 1102593 M/s. DCDC Health Services Pvt. Ltd. C-185, 1st Floor, Mayapuri Industrial Area, Phase-II, New Delhi 110064, Delhi (India) TEL No. 01145581006, 8506005916 Email: scm@dcdc.co.in Drug Lic: N/A 31.12.9999 GSTIN: 07AAAFCD0204K1Z1 PAN: AAFC0204K	Consignee/Ship To 1501046 M/s. DCDC Health Service Pvt. Ltd PHC Zafferghad Zafferghad DCDC dialysis centres govt hospital Zafferghad Jangaon dist 506316, Telangana (India) TEL No. 8588850032, Email: Drug Lic: N/A 31.12.9999 GSTIN: PAN: State Code: 36 - Telangana
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Payment Terms: Payment Due in 120 Days Delivery Terms: FOR Delhi Sales Order: SHOW BELOW ↓ Del. No.: SHOW BELOW ↓ Payment Method: Normal Sales	Place of Supply: 07 - Delhi Date of Issue of Invoice: 09.10.2024 Mode of Tpt & Vehicle No.: BY ROAD / Transporter: GATI EXPRESS & SUPPLY CHAIN
Bank Detail: STATE BANK OF INDIA SME BRANCH, FARIDABAD A/C NO. 10410101725 IFSC CODE# - SBIN0009950 	G.R./L.R. No./ Date: 312441953 

Scan & Pay Using Any UPI App to UPI ID : polymed@sbi IRN : 872e0927393f40538eed17408c6795Ea466ab41b9ac410f0e669bc977c855bb

S.No	Description of Goods	HSN Code	No. of Pkg	Quantity NO (s)	Rate/Unit INR	Taxable Value	IGST Rate(%)	IGST Amount
1	HAEMOLINE - BLOOD LINE SET POST PUMP B.No.6296924K[Mfg:2024-09,Exp:2029-08]1000.	90183990	25	1,000.00	84.0000	84,000.00	12	10,080.00
TOTAL						84,000.00		10,080.00
IGST: (INR) Rupees Ten Thousand Eighty Only								94.08
								0.08
Grand Total (In INR in Words): Rupees Ninety Four Thousand One Hundred Seventy Four Only						Grand Total (INR)		94,174.00

Remarks: Whether tax is payable on reverse charge: NO
 PO No.: 124-102024-27690 email dt, 04.10.24/00.00.0000
 Sale Order No.: 1010249646.09.10.2024
 Del No.: S110245487.09.10.24

Certified that the Particulars stated above are true and correct and the price indicated represents the price actually charged and there is no flow of additional consideration directly or indirectly from the buyer.

Terms & Conditions
 1. Interest @ 15% will be charged if payments are made after the due date.
 2. GST will be applicable on Interest & Penalty for delayed payment.
 3. Goods are insured under Marine Cargo open Policy.
 4. Goods once sold will not be taken back.
 5. All disputes are subject to Faridabad jurisdiction only.

IRN : 872e0927393f40538eed17408c6795Ea466ab41b9ac410f0e669bc977c855bb

Stock/No. of Boxes Received 25 Boxe
 Subject to Physical Check
 Name/Employee Code M. Pravalika
 Centre Name Zafferghad
 Date/Time 21.10.2024
 Signature M. No. 1013450238

Prepared By Chetan Kumar Chaudhary	Checked By	For Poly Medicare Limited
Regd Office: 232B, 3rd FLOOR, OKHLA INDUSTRIAL ESTATE PHASE - III, NEW DELHI - 110020, INDIA Phones: 011-26321838, 33550700 Fax: 26321894/39 Email: customercare@polymedicare.com, info@polymedicare.com Website: www.polymedicare.com		Authorised Signatory 