



MANEXPIMP SURGICARE  
INDIA

# Manexpimp Surgicare ( India ) Pvt. Ltd

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

DUPLICATE

## TAX INVOICE

Invoice#	: INV-001889	Place Of Supply	: Delhi (07)
Invoice Date	: 15/06/2023		
Terms	: Net 60		
Due Date	: 14/08/2023		
P.O.#	: 10-062023-22804-3 (1)		

<b>Bill To</b>	<b>Ship To</b>
<b>DCDC Health Services Private Limited</b> C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	NATIONAL HEART INSTITUTE HOSPITAL A 49-50 COMMUNITY CENTRE EAST OF KAILASH BEHIND SAPNA CINEMA 110065 Delhi India 9717536866

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Face Mask	62103090	300.00 /piece	1.57	5%	23.55	471.00
2	Fistula Kit OFF KIT	3005	300.00	8.50	12%	306.00	2,550.00
3	Gauze Swabs	3005	700.00 /piece	6.90	12%	579.60	4,830.00
4	Shoe Cover (Plastic)	3924	200.00 /pair	1.90	18%	68.40	380.00

Total In Words  
**Rupees Nine Thousand Two Hundred Eight and Fifty-Five  
Paise Only**

Sub Total	8,231.00
IGST (5%)	23.55
IGST (12%)	885.60
IGST (18%)	68.40
<b>Total</b>	<b>₹9,208.55</b>
<b>Balance Due</b>	<b>₹9,208.55</b>

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

Stock/No. of Boxes Received ..... (1)  
Subject to Physical Check .....  
Name/Employee Code ..... HASAN D. 020445  
Centre Name ..... N.H.I.  
Date/Time ..... 21/06/23  
Signature ..... M. No. 9717536866

