



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.: 4654067070550414500990957c3105370011d12c9f06a5cdc2104a4d12d

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 CONTECT PERSON-MR. RAMESH Phone No.:8851337558,9999866375 D.L.No.: GSTIN : 07AAAFCD0204K1Z1 PAN NO :AAFCDD0204K	TH Mudhol Taluka Government Hospital Mudhol ,587313 Karnataka MOB.8722339951	NTMPL23-24/19125	13-03-2024
		P.O.No. : 179-032024-2530	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

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 :

179-032024-25304

NTMPI/06297

12.03.2024

Stock/No. of Boxes Received 01
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No.