



MANEXPIMP SURGICARE (INDIA) PVT. LTD.

# Manexpimp Surgicare ( India ) Pvt. Ltd

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

DUPLICATE

# TAX INVOICE

Invoice# : **INV-001747**  
Invoice Date : **18/04/2023**  
Terms : **Net 60**  
Due Date : **17/06/2023**  
P.O.# : **10-042023-22338-3 (6)**

Place Of Supply : **Delhi (07)**

### Bill To

**DCDC Health Services Private Limited**  
C-185, MAYAPURI INDUSTRIAL AREA  
PHASE -2  
DELHI  
110064 Delhi  
India  
GSTIN 07AAFCD0204K1Z1

### Ship To

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 %	Amt	Amount
1	Fistula Kit OFF KIT	3005	200.00	8.50	12%	204.00	1,700.00
2	Fistula Kit ON KIT	3005	200.00	8.50	12%	204.00	1,700.00
3	Gauze Swabs	3005	600.00 /piece	6.90	12%	496.80	4,140.00

Total In Words  
**Rupees Eight Thousand Four Hundred Forty-Four and Eighty Paise Only**

Sub Total 7,540.00  
IGST (12%) 904.80  
Total **₹8,444.80**  
Balance Due **₹8,444.80**

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 **YES**  
Name/Employee Code **DCD2445**  
Centre Name **NH1**  
Date/Time **18/04/23 4:11M**  
Signature **Hosang** M. No. **9717536866**

