

8875

1 Box



MANEXPIMP SURGICARE
Together through life

Manexpimp Surgicare (India) Pvt. Ltd

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

ORIGINAL

TAX INVOICE

Invoice#	: INV-001897	Place Of Supply	: Delhi (07)
Invoice Date	: 15/06/2023		
Terms	: Net 60		
Due Date	: 14/08/2023		
P.O.#	: 87-062023-22815-6 (47)		

Bill To	Ship To
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	DISTRICT HOSPITAL LAKHIMPUR KHIRI DISTRICT HOSPITAL LAKHIMPUR KHIRI T.B. WARD HOSPITAL ROAD DIST POLICE LINE LAKHIMPUR 262701 Uttar Pradesh India 6393323652

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit OFF KIT	3005	400.00	8.50	12%	408.00	3,400.00
2	Fistula Kit ON KIT	3005	400.00	8.50	12%	408.00	3,400.00

Total In Words
Rupees Seven Thousand Six Hundred Sixteen Only

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.

Sub Total	6,800.00
IGST (12%)	816.00
Total	₹7,616.00
Balance Due	₹7,616.00



Authorized Signature

Stock/No. of Boxes Received 01
Subject to Physical Check
Name/Employee Code Om / 1979
Centre Name Lakhimpur
Date/Time 23/06/23 2:01:00pm
Signature M. No. 7305340889

	LR: 242728875
	MAWB: 21605310029886
	Box count: DOC
	Client: MANEXPRIME B2B
LM Pincode: 262701	OID: 1897
21605310029890	