

1 Box

7740



# Manexpimp Surgicare ( India ) Pvt. Ltd

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

ORIGINAL

## TAX INVOICE

Invoice#	: INV-002438	Place Of Supply	: Delhi (07)
Invoice Date	: 11/03/2024		
Terms	: Net 60		
Due Date	: 10/05/2024		
P.O.#	: 145-032024-25329 (33)		

<b>Bill To</b>	<b>Ship To</b>
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	GH GANDHI HOSPITAL SECBAD GANDHI HOSPITAL BHOIGUDA MUSHEERABAD DIST HYDERABAD 500020 Telangana India 7793985614

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit ON KIT	3005	1,000.00	7.40	12%	888.00	7,400.00

Total In Words  
**Rupees Eleven Thousand Five Hundred Ninety-Two Only**

Notes

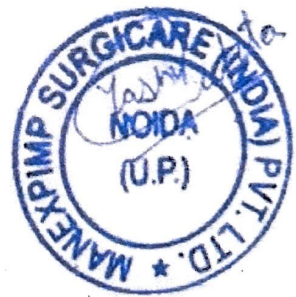
THANK YOU FOR YOUR BUSINESS

### 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	7,400.00
Shipping charge (IGST (18%)) SAC: 996511	2,800.00
IGST (12%)	888.00
IGST (18%)	504.00
<b>Total</b>	<b>₹11,592.00</b>
<b>Balance Due</b>	<b>₹11,592.00</b>



Authorized Signature

	LR: 255187740
	MAWB: 21605310055521
	Box count: DOC
	Client: MANEXPRIME B2B
LM Pincode: 600020	OID: 2438
21605310055532	



Stock/No. of Boxes Received ..... 01 .....  
 Subject to Physical Check  
 Name/Employee Code ..... M. Suman / DC02882 .....  
 Centre Name ..... Gandhi .....  
 Date/Time ..... 11/3/24 ; 5:00 PM .....  
 Signature ..... M. No. ....