

9 Box



Manexpimp Surgicare (India) Pvt. Ltd

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

ORIGINAL

TAX INVOICE

| | | | |
|--------------|------------------------|-----------------|--------------|
| Invoice# | : INV-002317 | Place Of Supply | : Delhi (07) |
| Invoice Date | : 08/01/2024 | | |
| Terms | : Net 60 | | |
| Due Date | : 08/03/2024 | | |
| P.O.# | : 145-012024-24692 (8) | | |

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Bill To | Ship To |
| 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 SIT HYDERABAD 500020 Telangana India 7793985614 |

| # | Item & Description | HSN/SAC | Qty | Rate | IGST | | Amount |
|---|------------------------------------|----------|--------------------|--------|------|----------|-----------|
| | | | | | % | Amt | |
| 1 | Absorbent Cotton Wool | 30059010 | 10.00 per piece | 120.00 | 12% | 144.00 | 1,200.00 |
| 2 | DRAPE SHEET NON WOVEN BED SHEET | 6307 | 1,500.00 /piece | 16.00 | 5% | 1,200.00 | 24,000.00 |

Total In Words
Rupees Twenty-Six Thousand Five Hundred Forty-Four Only

THANK YOU FOR YOUR BUSINESS

| | |
|--------------------|-------------------|
| Sub Total | 25,200.00 |
| IGST (12%) | 144.00 |
| IGST (5%) | 1,200.00 |
| Total | ₹26,544.00 |
| Balance Due | ₹26,544.00 |

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 09
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time 12.15.31.11.08.P.M
Signature
M. No.

