



MANEXPIMP SURGICARE
Together through life

Manexpimp Surgicare (India) Pvt. Ltd

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

7088 3 Box

ORIGINAL

TAX INVOICE

Invoice#	: INV-002279	Place Of Supply	: Delhi (07)
Invoice Date	: 18/12/2023		
Terms	: Net 60		
Due Date	: 16/02/2024		
P.O.#	: 63-122023-24451 (21)		

Bill To	Ship To
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	CIVIL HOSPITAL PANIPAT OLD HOUSING BOARD COLONY SUKHDEV NAGAR PANIPAT 132103 Haryana India 8506000689

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit OFF KIT	3005	700.00	8.50	12%	714.00	5,950.00
2	Fistula Kit ON KIT	3005	500.00	8.50	12%	510.00	4,250.00
3	Face Mask	62103090	400.00 /piece	1.57	5%	31.40	628.00
4	Disposable Head cap	62103090	300.00 /piece	0.85	5%	12.75	255.00

Total In Words
Rupees Twelve Thousand Three Hundred Fifty-One 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	11,083.00
IGST (12%)	1,224.00
IGST (5%)	44.15
Rounding	-0.15
Total	₹12,351.00
Balance Due	₹12,351.00



Authorized Signature

	LR: 253227088
	MAWB: 21605310047714
	Box count: DOC
	Client: MANEXPRIME B29
LM incode: 192103	OID: 002279
21605310047740	

Stock/No. of Boxes Received 3 Box
 Subject to Physical Check ✓
 Name/Employee Code
 Centre name
 Date/Time 25-12-2023
 Signature M. No. 8506000689