



MANEXPIMP SURGICARE  
Empower Through Life

**Manexpimp Surgicare ( India ) Pvt. Ltd**

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

TRIPLICATE

**TAX INVOICE**

Invoice# : INV-002073  
Invoice Date : 22/08/2023  
Terms : Net 60  
Due Date : 21/10/2023  
P.O.# : 91-082023-23401 (45)

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**  
DISTRICT HOSPITAL SITAPUR  
DIALYSIS CENTER DISTRICT HOSPITAL SITAPUR NEAR WATER  
TANKI LALBAGH NAJ BASTI  
261001 Uttar Pradesh  
India  
6386425509

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit OFF KIT	3005	500.00	8.50	12%	510.00	4,250.00
2	Fistula Kit ON KIT	3005	500.00	8.50	12%	510.00	4,250.00
3	Gauze Swabs	3005	100.00 /piece	6.90	12%	82.80	690.00

Total In Words  
**Rupees Ten Thousand Two Hundred Ninety-Three Only**

THANK YOU FOR YOUR BUSINESS

Sub Total	9,190.00
IGST (12%)	1,102.80
Rounding	0.20
<b>Total</b>	<b>₹10,293.00</b>
<b>Balance Due</b>	<b>₹10,293.00</b>

**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 ..... 2 .....  
Submitt to Physical Check  
Name Employee Code ..... Prashant Mishra .....  
Centre Name ..... P.H. Sitapur .....  
Date/Time ..... 20/08/2023 .....  
Signature ..... M. No. 6386425509