



MANEXPIMP SURGICARE
Together through life

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

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

ORIGINAL

TAX INVOICE

: Delhi (07)

Invoice# : INV-002227
Invoice Date : 18/11/2023
Terms : Net 60
Due Date : 17/01/2024
P.O.# : 145-112023-24261 (38)

Place Of Supply

Bill To
DCDC Health Services Private Limited
C-185, MAYAPURI INDUSTRIAL AREA
PHASE -2
DELHI
110064 Delhi
India
GSTIN 07AAAFCD0204K1Z1

Ship To
GH GANDHI HOSPITAL, SECBAD
GANDHI HOSPITAL BHOIGUDA MUSHEERABAD DIST
HYDERABAD
500020 Telangana
India
7793985614

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Catheterization Kit OFF KIT	3005	1,500.00 /piece	32.00	12%	5,760.00	48,000.00
2	Catheterization Kit ON KIT	3005	1,500.00 /piece	35.00	12%	6,300.00	52,500.00
3	Fistula Kit ON KIT	3005	500.00	8.50	12%	510.00	4,250.00
4	LASA BOX	392330	6.00 /piece	340.00	18%	367.20	2,040.00
5	DRAPE SHEET BED SHEET	6307	3,000.00 /piece	16.00	5%	2,400.00	48,000.00

Total In Words
**Rupees One Lakh Seventy Thousand One Hundred Twenty-
Seven 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 1,54,790.00
IGST (12%) 12,570.00
IGST (18%) 367.20
IGST (5%) 2,400.00
Rounding -0.20
Total ₹1,70,127.00
Balance Due ₹1,70,127.00



Authorized Signature

Stock/No. of Boxes Received 55
Subject to Physical Check
Name/Employee Code M. Juman / DC0282
Centre Name Gandhi
Date/Time 15/11/23 / 5:00 PM
Signature M. No.

