

2 Box

21605310030041

Client: MANEXPRIME B2B
Box count: DDC
MAWB: 21605310030026
LR: 242798675

DELHIVERY SPOTON DATE: 24/08/2023
 NV AMT Rs 9620 BOX: 2 WT: 40 kg
 242798675
MANEXPRIME B2B
 TO: DISTRICT HOSPITAL MAHARAJGANJ, DISTRICT HOSPITAL MAHARAJGANJ, DIALYSIS CENTER SICTICT HOSPITAL FAREDA FAREDA HEADQUARTERS, Maharajganj, 273303
 FROM: MANEXPRIME B2B, A 100 Sector 65 Noida Uttar Pradesh

TAX INVOICE

TRIPPLICATE

Invoice No: INV-0019
 Invoice Date: 15/06/2023
 Terms: Net 60
 Due Date: 14/08/2023
 P.O.#: 92-062023

QTY	DIMENSIONS(in cms)
2	45 * 45 * 45

T&C link : visit www.delhivery.com

Bill To
DCDC Health Services Private Limited
 C-185, MAYAPURI INDUSTRIAL AREA
 PHASE -2
 DELHI
 110064 Delhi
 India
 GSTIN 07AAFCD0204K1Z1

Delhi (07)
 TAL FAREDA ROAD NEAR

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Fistula Kit on kit	3005	500.00	8.50	12%	510.00	4,250.00
2	Fistula Kit OFF KIT	3005	500.00	8.50	12%	510.00	4,250.00

Total In Words
Rupees Nine Thousand Five Hundred Twenty Only

Sub Total	8,500.00
IGST (12%)	1,020.00
Total	₹9,520.00
Balance Due	₹9,520.00

THANK YOU FOR YOUR BUSINESS

DCDCHSPL CENTRE-DIST. HOSPITAL MAHARAJGANJ
MATERIAL RECEIVED

Bank Account Details:

INDUS IND BANK
 ACCOUNT NO : 257668230440
 IFS C : INDB0000733

DATE: 27/6/23
 TIME: 11/6/23 RECEIVED BY: *[Signature]*



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