

Newtech Medical Devices Pvt. Ltd.

14/5, Near BMW Showroom
Main Mathura Road Faridabad Haryana, 121003
Haryana, 121003 PAN No. AAHCN1154A
Phone : 0129-2259961, MFG/MD/2023/000475
E-Mail : info@ntmdevices.com

GSTIN : 06AAHCN1154A1Z1

GST INVOICE

D.L.No.: MFG/MD/2023/000289

Bill To

DCDC HEALTH SERVICES PRIVATE LIMITED
First Floor, C-185, Rewari Line Industrial
Area, Mayapuri, Phase-II, New Delhi, 110064
CONTECT PERSON-MR. RAMESH
Phone No.:8851337558,9999866375
D.L.No.:
GSTIN : 07AAAFCD0204K1Z1 PAN NO :AAAFCD0204K

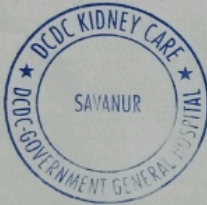
Ship To

DCDC DIALYSIS CENTRE
TH Savanur, Government general hospital
Lakshar Bazar, Savanur, 581118
Karnataka, Contact No : 9113647411

IRN NO.: b54bda37d131ad64c90a82cfa4458c004817d899fccc9e143d78881836218acac

Invoice No.: NTMPL24-25/02223 Date : 15-07-2024
P.O.No. : 194-072024-2656 P.O.Date : 04-07-2024
Terms Of Payment : 60 days
Dispatch Through : BY SURFACE
Destination : TRACKON
Other Ref. : YASHIKA
EWAYBILL. :

S.no	Product	MRP	HSN	QTY	RATE	DIS%	GST%	Amount
1	TRANSDUCER PROTECTOR STANDARD Batch:- 24040101 Mfg:- 4/24 Exp:- 3/27 ITEM CODE:- OTHERS	80.00	90183990	200 PCS	4.000	0.00	12.00	800.00
	FREIGHT.						12.00	100.00



IGST 900*12%=108IGST.

TOTAL QTY: 200.00

SUB TOTAL 900.00
IGST 12 % 108.00
TCS 0.000% 0.00

Rs. One Thousand Eight Only

GRAND TOTAL 1008.00

Terms & Conditions

1. Cash payment is not acceptable. Please send the payment only through cheque/DD/RTGS/NEFT in favour of NEWTECH MEDICAL DEVICES PVT.LTD payable at Faridabad. Please pay on or before due date otherwise 24% interest per annum will be charged. Please turn over for further terms and conditions. All Subject to Faridabad Jurisdiction.

Tax payable under reverse charge (Yes/No) = "No"

Certified that the particulars given above are true and correct

Checked By _____

For Newtech Medical Devices Pvt. Ltd.

BANK DETAILS

A/C NAME : NEWTECH MEDICAL DEVICES PVT. LTD.

Bank Name : Kotak Mahindra Bank Ltd.

Branch : Sector -16, Faridabad

A/c No : 8748965988

IFSC : KKBK0000286

Stock/No. of Boxes Received 01

Subject to Physical Check

Name/Employee Code DC03603

Centre Name Savanur Unit

Date/Time 30/7/24

Signature M. No.

REMARKS :

PO/194-072024-26565

NTMPI/02180

12.07.2024