

**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

<b>Bill To</b>	<b>Ship To</b>	IRN NO : e5b9f608ff59d0e63a710184886d23896bda9175dcb882ca87c07e8afab26ee
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	DCDC DIALYSIS CENTRE TH HANGAL, HANAGAL TALUKA GOVT HOSPITAL, DIALYSIS UNIT 581104, Karnataka,MOB, 9113647411	Invoice No.:NTMPL24-25/02236 Date : 15-07-2024 P.O.No. : 158-072024-2656 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

GRAND TOTAL 1008.00

Rs. One Thousand Eight Only

**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 Box

Subject to Physical Check

Name/Employee Code Suma C

Centre Name T.H. Hangal

Date/Time 30.12.2024

Signature M. No.

**REMARKS :**

PO/158-072024-26561

NTMPL02239

15.07.2024