

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	Ship To	IRN NO.
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 : 07AAFCDD0204K1Z1 PAN NO :AAFCDD0204K	DCDC DIALYSIS CENTRE TH HANGAL, HANAGAL TALUKA GOVT HOSPITAL, DIALYSIS UNIT 581104, Karnataka,MOB, 9113647411	0069a81158a27efc693da0d714f6016cd7e9daa5af135682658a83e69992f266
Invoice No.: NTMPL24-25/01941 Date : 02-07-2024 P.O.No. : 158-062024-263 P.O.Date : 04-06-2024 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:- 23050201 Mfg:- 5/23 Exp:- 4/26 ITEM CODE:- OTHERS	80.00	90183990	200 PCS	4.000	0.00	12.00	800.00
	ODA CHARGES						12.00	500.00

IGST 1300*12%=156IGST,

TOTAL QTY: 200.00

SUB TOTAL 1300.00
IGST 12 % 156.00
TCS 0.000% 0.00

Rs. One Thousand Four Hundred Fifty Six Only

GRAND TOTAL 1456.00


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"

For Newtech Medical Devices Pvt. Ltd.

Certified that the particulars given above are true and correct

Checked By _____


 Authorized signatory

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
Centre Name TH HANGAL
Date/Time 12/07/2024
Signature

REMARKS :

PO/158-062024-26330

NTMPI/01900

01.07.2024