

GURUNANAK SURGICAL
 SHOP NO.9,GROUND FLOOR,KARSHIN PLAZA
 SHALIMAR ENCLAVE,KAMLA NAGAR,AGRA-282005
 Phone : 9897280413,8218740861

M/s CDCD HEALTH PRIVATE LIMITED
 FIRST FLOOR, C-185 REWARI LINE INDUSTRIAL
 AREA MAYAPURI PHASE-II, NEW DELHI 1160064 State : 07
 Ph.No.: 8506011227
 GST : 07AAFCD0204K1Z1 STATE CODE :07-DELHI

D.L.No. : UPS020B001432,UPS021B001428

FSSAI NO. :

PAN NO. : AAFCD0204K

GSTIN : 09DYQPS3849C1ZS

FSSAI NO. :

GST INVOICE

Invoice No. : GS003136
 Date : 10-01-2024
 Way Bill No. :

Item Name	Packing	GST%	HSN	Qty.	Free	S.Rate	Rate	Amount	Dis%	Mrp	Batch	Exp.
HIGGS NS 500ML	1*25	12.00	3004	1100	0	21.28	19.00	20900.00	0.00	39.04	F32089	10/26
JEDUX NS 500ML FFS	1*25	12.00	3004	275	0	21.28	19.00	5225.00	0.00	34.84	P3030777	5/25
KRPL NS FFS 500ML	1*25	12.00	3004	375	0	21.28	19.00	7125.00	0.00	0.00	S1V31721	11/25

Stock Received 70.000
 Serial Check
 Code DCDE08204
 Name DHU methury
 Date 10/1/24
 Signature
 M.No. 633067021

GURUNANAK SURGICAL

BANK NAME : HDFC BANK SANJAY PLACE BANK A/C NO : 50200044514991 IFSC CODE : HDFC0000121

CLASS	TOTAL	SCH.	DISC.	IGST	TOTAL IGST	SUB TOTAL	33250.00
GST 5 %	0.00	0.00	0.00	0.00	0.00	IGST PAYBLE	3990.00
GST 12 %	33250.00	0.00	0.00	3990.00	0.00	PAYBLE	0.00
GST 18 %	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE	0.00
GST 28 %	0.00	0.00	0.00	0.00	0.00		
GST 0 %	0.00					GRAND TOTAL	37240.00

Rs. Thirty Seven Thousand Two Hundred Forty Only

Terms & Conditions
 On the assurance of the party that they have got their valid DRUG licence or he is R.M.P., we are executing the indent. (Sec.18 DRUG ACT 1940)

For GURUNANAK SURGICAL




DCDC Health Service Pvt. Ltd.
C-185, Mayapuri Industrial Area phase-2
Mayapuri, New Delhi-110064
CIN No. - U85190DL2014PTC265804

PURCHASE ORDER

P. O Date : 05-01-2024

P. O No. : 51-012024-24699

Supplier Detail:

M/S GURUNAK SURGICAL
45 OLD VIJAY NAGAR COLONY
AGRA-282002 UTTAR PRADESH
Contact No : 8218740861
Payment Terms : 60 Days

Delivery Centre Detail:

DCDC Health Service Pvt. Ltd. @
District Hospital Mathura
Maharishi Dayanand Saraswati District Hospital, Dialysis
Unit, Civil Lines, Choubey Para, Mathura, U.P. -281001,
281001
Contact No : 9837867021

Slr.	Item Name	Qty	Rate	GST %	Amount
1.	N.S 500 MIL	1750	19	12	37,240.00
Total Amount					37,240.00

TERMS AND CONDITIONS

1. PURCHASE ORDER NO. SHOULD BE MENTIONED IN ALL INVOICES/DELIVERY CHALLANS.
2. INVOICE COPY SHOULD BE SUBMITTED ALONG WITH DELIVERY PROOF IN H.O
3. PURCHASE ORDER IS VALIDATE TILL 40 DAYS FROM PURCHASE ORDER DATE.
4. KINDLY SEND US THE CONFIRMATION OF RECEIVED ORDER.
5. THE VENDOR AGREES TO BE HELD RESPONSIBLE FOR ALL CLAIMS ON ACCOUNT OF INFERIOR QUALITY ITEMS OR ITEM SUPLED OTHER THAN SPECIFICATION MENTIONED ON THE PURCHASE ORDER.
6. MATERIAL SHOULD BE DELIVERED TO CENTRES DURING WORKING DAYS FROM 10:00AM TO 05:00PM

Important: Kindly send scanned copy of invoice on scm@dcdc.co.in on the date of dispatch.

+91-11-45581006

www.dcdc.co.in

Info@dcdc.co.in

Note : Electronically generated document no signature required.

Bates Recd	
Physical Chkcd	
Free Code	
S	
Date	
Signature	

for
DCDC
Dtu Mathura
19/01/24
19/01/24
9837867021