

TAX INVOICE

ORIGINAL

Imp Surgicare (India) Pvt.

Pradesh 201301



LR: 250145206
MAWB: 21600310054882
Box count: DOC
Client: MANEXPRIME B2B
Pincode: 126172

Invoice#	INV-002015
Invoice Date	: 29/07/2023
Terms	: Net 60
Due Date	: 27/09/2023
P.O.#	: 36-072023-2313 (33)
Bill To	DDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1
Ship To	MAHARAJA AGRASEN MEDICAL COLLEGE AGROHA HISSAR 125047 Haryana India 8506005588
Place Of Supply	: Delhi (07)

#	Item & Description	HSN/SAC	Qty	Rate	%	Amt	Amount
1	OFF KIT Fistula Kit	3005	500.00	8.50	12%	510.00	4,250.00
Sub Total							4,250.00
IGST (12%)							510.00
Total							₹4,760.00
Balance Due							₹4,760.00

Total in Words
 Rupees Four Thousand Seven Hundred Sixty Only

THANK YOU FOR YOUR BUSINESS

Bank Account Details:
 INDUS IND BANK
 ACCOUNT NO : 257668230440
 IFS C : INDB0000733

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

Stock/No. of Boxes Received 1 Box
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No. 7988339196