

LR: 261970319

MAWB: 21605310060675

Box count: DOC

Client: MANEXPRIME B2B

LM Pincode: 582103

OID: inv-002684



21605310060756

pimp Surgicare (India) Pvt.

8 Box

0319

is,
tar Pradesh 201301

ALCM0495R1ZJ

UDYAM-UP-03-0008147

ORIGINAL

TAX INVOICE

Invoice#	: INV-002584	Place Of Supply	: Delhi (07)
Invoice Date	: 11/06/2024		
Terms	: Net 60		
Due Date	: 10/08/2024		
P.O.#	: 166-062024-26280 (21)		

Bill To	Ship To
DCDC Health Services Private Limited C-185, MAYAPURI INDUSTRIAL AREA PHASE -2 DELHI 110064 Delhi India GSTIN 07AAFCD0204K1Z1	DH GADAG GADAG DISTRICT HOSPITAL DISLYSIS UNIT ROOM NO 129 /130 MALLASAMUDRA VILLAGE 582103 Telangana India 9538928326

#	Item & Description	HSN/SAC	Qty	Rate	IGST		Amount
					%	Amt	
1	Catheterization Kit OFF KIT	3005	200.00 /piece	28.00	12%	672.00	5,600.00
2	Catheterization Kit ON KIT	3005	200.00 /piece	28.00	12%	672.00	5,600.00

Total In Words
Rupees Seventeen Thousand One Hundred Twenty-Two Only

Notes

THANK YOU FOR YOUR BUSINESS

Bank Account Details:

INDUS IND BANK
ACCOUNT NO : 257668230440
IFS C : INDB0000733

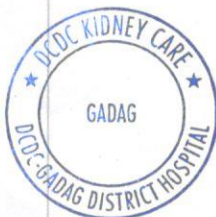
Terms & Conditions

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.

Sub Total	11,200.00
Shipping charge	
(IGST (18%))	3,880.00
SAC: 996511	
IGST (12%)	1,344.00
IGST (18%)	698.40
Rounding	-0.40
Total	₹17,122.00
Balance Due	₹17,122.00



Authorized Signature



Stock/No. of boxes Received

Subject to Physical Check

Name/Employee Code

Centre Name

Date/Time

Signature

Stock/No. of boxes Received 08

Subject to Physical Check

Name/Employee Code DC03369

Centre Name GADAG

Date/Time 24/6/24

Signature M. No. 9538928326



Manexpimp Surgicare (India) Pvt. Ltd

A-100
SECTOR 65,
NOIDA Uttar Pradesh 201301
India
GSTIN 09AALCM0495R1ZJ
UDYAM-UP-03-0008147

DUPLICATE

TAX INVOICE

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PHASE -2
DELHI
110064 Delhi
India
GSTIN 07AAFCD0204K1Z1

Ship To

DH GADAG
GADAG DISTRICT HOSPITAL DISLYSIS UNIT ROOM NO 129
/130 MALLASAMUDRA VILLAGE
582103 Telangana
India
9538928326

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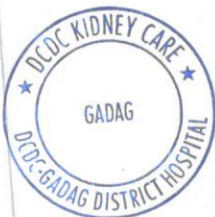
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Subject to Physical Check
Name/Employee Code DC03369
Centre Name Gadag
Date/Time 11/06/24
Signature M. No. 9538928326