

# MOBILITY SOLUTIONS

DL No.: HR-6600-674-W/H

Email: [mobilityggn@gmail.com](mailto:mobilityggn@gmail.com)  
GSTN : 06ALCPA7102J1ZM  
Ph. : 0124-4045699,9910344331

## TAX INVOICE

### BUYER

MANHATTAN EYE, EAR,  
AND THROAT HOSPITAL  
MANHATTAN

Bill No. : JK/LP/451 Date : 2020-12-12  
Pay Terms : whatever DC No. : 258  
PO NO. : 120 PO Date : 2020-12-12  
Patient : Nick Fury

SL.	Item Code	Name of Product / Service	HSN	Qty	Rate	Total	CGST		SGST		Total
1	9021 E	Ankel Brace		1	2500	2500	12%	300	12%	300	3100
Total :						2500	300		300		3100

Total Invoice Amount in Words :  
  
Three Thousand One Hundred

Total Amount Before Tax :	2500
Add : CGST	300
Add : SGST	300
Other Charge	
Total Amount After Tax	3100

GST Payable on Reserve Charge :

Bank Details : HDFC BANK S. (Common Seal)  
S Plaza  
Bank Account No. : 50200034711930  
Bank Branch IFSC : HDFC0003875

Certified that the particulars given above are true and correct.  
For

MOBILITY SOLUTIONS

Authorised Signatory

### Terms and Conditions

- GOODS ONCE SOLD WILL NOT TAKEN BACK.
- INTREST @40% P.a. WILL BE CHARGE IF BILL NOT PAID WITHIN 30 DAYS.
- ALL DISPUTES ARE SUBJECT TO MEERUT JURIDITION.

