

INVOICE

(ORIGINAL FOR RECIPIENT)

WAYS SURGICALS

Ugf - 1st. Indra Karan plaza, beldari Lane, laibagh
Lucknow
+91-9415466255

GSTIN/UIN: 09AAAFW5789L1ZB
State Name : Uttar Pradesh. Code : 09
E-Mail : sanjayways@gmail.com
Consignee (Ship to)

FARHAN QAIYUM

LUCKNOW
State Name : Uttar Pradesh, Code : 09

Invoice No. WS/2023-24/69	Dated 2-Jun-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No.	Dated
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Terms of Delivery

Buyer (Bill to)

FARHAN QAIYUM
LUCKNOW
State Name : Uttar Pradesh, Code : 09

S/No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Dialyser F4	9018	1 Nos	640.00	Nos	640.00
2	Dialyser F5	9018	1 Nos	650.00	Nos	650.00
						1,290.00
				CGST 2.5%	2.50 %	32.25
				SGST 2.5%	2.50 %	32.25
				Round Off		0.50
Total			2 Nos			₹1,355.00

Amount Chargeable (in words)

INR One Thousand Three Hundred Fifty Five Only

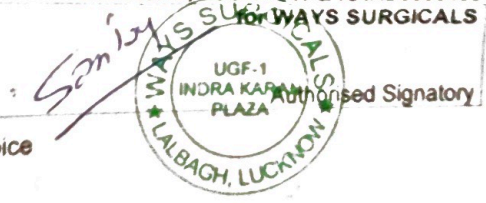
E. & O.E

Company's Bank Details

A/c Holder's Name : **WAYS SURGICALS**
Bank Name : **KARNATAKA BANK LTD.**
A/c No. : **4537000100001301**
Branch & IFS Code : **B.N. ROAD, LUCKNOW & KARB0000453**

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.



This is a Computer Generated Invoice