

ZEDSON PHARMACY

SHOP NO-19, MCD PARKING, ASAF ALI ROAD,

OPP. GB PANT HOSPITAL, NEW DELHI-110002

Phone : 9811731473

E-Mail : zedsonpharmacy@gmail.com

Patient Name : DR.SHOAIB

Mobile No : 8076864768

Patient Address :

Dr Name : LOK NAYAK HOSPITAL

Dr Reg No.

GSTIN : 07AACFZ5966E1ZU

D.L. No. : DL-MTM-134206-09,20,21,20B,21B

GST INVOICE

Invoice No. Z-003043

Date: 20-09-2024

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP	QTY	MRP	SGST	CGST	AMOUNT
1.	AMBU BAG SILICON	1*1	3004			2	1050.00			1302.00

MRP TOTAL	2100.00
DIS 0.00%	798.00

Terms & Conditions

Goods once sold will not be taken back or exchanged.
 All disputes subject to DELHI Jurisdiction only.
 E.&O.E.

For ZEDSON PHARMACY

Remark :

Authorised Signatory

GRAND TOTAL	1302.00
--------------------	----------------

Rs. One Thousand Three Hundred Two Only