

**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 SHOAI B

Mobile No : 8076864768

Patient Address :

Dr Name : G.B.PANT HOSPITAL

Dr Reg No.

GSTIN : 07AACFZ5966E1ZU  
D.L. No. : DL-MTM-134206-09,20,21,20B,21B**GST INVOICE**

Invoice No. :CO ,002035 Date: 28-07-2024

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP	QTY	MRP	SGST	CGST	AMOUNT
1.	EPSOLIN INJ	1*2ML	3004	N100378	3/25	5	12.05			54.22
2.	KCL INJ (RATHI)	10ML	3004	PC-205	5/25	5	26.00			78.00
3.	AEROMIST ADULT NEBU KIT	1*1	3004	G244AHJI	12/28	1	572.00			171.60
4.	DOPAR	5*5ML	3004	IDPHA1308	8/25	3:0	24.99			63.72
5.	DURON INJ	5*3ML	3004	IADRA1329	11/25	7:0	70.99			422.39

MRP TOTAL 1334.15  
DIS 0.00% 544.22**Terms & Conditions**

Goods once sold will not be taken back or exchanged.

All disputes subject to DELHI Jurisdiction only.

E.&amp;O.E.

Remark :

Rs. Seven Hundred Ninety Only

For ZEDSON PHARMACY

Authorised Signatory

GRAND TOTAL 790.00