

**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 SHOAB

Mobile No : 8076864768

Patient Address :

Dr Name : LOK NAYAK HOSPITAL

Dr Reg No. DC03144

GSTIN : 07AACFZ5966E1ZU

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

**GST INVOICE**

Invoice No. :A005098

Date: 09-05-2024

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP	QTY	MRP	SGST	CGST	AMOUNT
1.	ADRENALINE INJ	1ML	3004	14578951	3/25	5	17.25			77.62
2.	TRAMASURE-100 INJ.	2ML.	3004	E31W035	6/25	2	26.38			47.48

<b>MRP TOTAL</b>	<b>139.01</b>
DIS 0.00%	13.91

**Terms & Conditions**

Goods once sold will not be taken back or exchanged.

All disputes subject to DELHI Jurisdiction only.

E.&amp;O.E.

For ZEDSON PHARMACY

Remark :

Authorised Signatory

<b>GRAND TOTAL</b>	<b>125.00</b>
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Rs. One Hundred Twenty Five Only

