

# HZB AROGYAM MEDICAL

Zila Parisad Bhawan, District Board Chowk, Hazaribag-825301 (Jharkhand)

GSTIN : 20AADCH6542C1Z7  
DL NO : JH-HAZ-139148/139149

Phone No. : 7319942226  
Email : hzbarogyam@gmail.com

## CASH BILLING

Patient Name: DCDC UHID  
Age/Gender: Year/ Invoice Date 22-12-2023  
Cons. Doctor Invoice No SAL/231222/6363

SL No	PARTICULARS	HSN	BATCH	EXPIRY	QTY	RATE	AMOUNT
1	NUROKIND LC 5ML INJ	3004	F7AQW001	2025-02-02	5	66.55	332.75
Taxable Amount							Rs 297.10
CGST + SGST							Rs 17.82 + 17.82
Overall Disc							Rs 43
NET AMOUNT							290
Total Paid							Rs 290

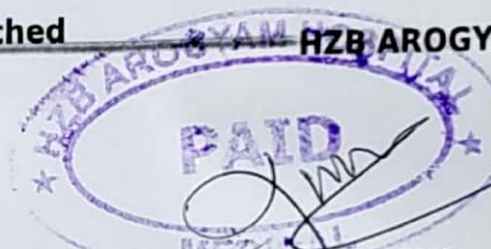
In Word : Two Hundred and Ninety Rupees Only

### Terms & Conditions

1. Returns are accepted within 10 days with original Receipt and Price tags Attached
2. All disputes Subject to Hazaribag Jurisdiction only.

Bill Generated By : Aamir

Datetime : 2023-12-22 10:33:47



For  
Auth Sign

This is computer generated bill no signature required. Typographical error may occur

## GST INVOICE

DAWA INDIA DOST MEDICAL

TUNKI TOLL, NEAR RIMS BARIATU

DL NO : JH-RN7-137258/137259 GST :

Phone : 7004880736

PATIENT: DCDC HELTH SURVICE BILL NO. : 0032252  
 ADDRESS: BILL DATE: 18-12-2023  
 PRC. BY : BILL TIME: 18:49

Sl. Particulars	Pack	Mfd/Mkt	Batch	Expiry	Qty	RATE	Amount
-----------------	------	---------	-------	--------	-----	------	--------

1 DOTAMIN	5ML	NEON.	V628018	10/24	5	170.0	850.00
-----------	-----	-------	---------	-------	---	-------	--------

SGST: 45.54

SUB TOTAL: 850.00

CGST: 45.54

ROUND OFF: 0.00

NET TOTAL: 850.00

Rs. Eight Hundred Fifty Only

YOU SAVED: - 275.00

1. Subject to RANCHI jurisdiction.

2. Please check the Medicine before leaving the counter.

3. Kindly consult your Physician before using any Medicine/Drug.

4. No CASH Refund.

For DAWA INDIA DOST MEDICAL

**M/S MAHAVEER MEDICAL**  
[A UNIT OF MAHAVEER DIAGNOSTICS]  
OPPOSITE SADAR HOSPITAL,  
MAIN ROAD, HAZARIBAGH-825301

Phone : 9431926429

E-Mail : mdiagnostics1301@gmail.com

GSTIN : 20ABSFM2232P1Z1  
D.L.No. : JH-HAZ-142363/142364  
FSSI NO: 11122012000073

Patient Name :

Patient Address :

Dr Name :

Dr Reg No.

## GST INVOICE

Invoice No. : A085261 Date: 15-12-2023

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	AMIODON INJ	1X3ML	3004	1302050	7/24	5	72.30	72.30			361.50
2.	LOX 2% INJ	30ML	3004	KM144141	3/25	1	34.93	34.93			34.93
3.	POTCL IV INFUSIO	10ML	300490	KP1307333	12/24	5:0	29.20	29.20			146.00
4.	DEPIN 10 CAP	1*30	3004	M307543	10/24	1:0	31.92	31.92			31.92

GST 461.6\*6+6%=27.66SGST+27.66CGST, \*\* GET WELL SOON \*\*

### Terms & Conditions

Goods once sold will not be taken back or exchanged.

All disputes subject to Jurisdiction only.

Prescribed Sales Tax declaration will be given.

For M/S MAHAVEER MEDICAL

Remark :

Rs. Five Hundred Seventeen Only

Authorised Signatory

<b>SUB TOTAL</b>	<b>574.35</b>
Discount 10 %	57.43
SGST 6 %	27.66
CGST 6 %	27.66
Roundoff	0.08

**GRAND TOTAL 517.00**