

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. ZEDS001032 Date: 14-10-2024

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP	QTY	MRP	SGST	CGST	AMOUNT
1.	LOXICARD IV	50ML	3004	KM238061	7/27	5	58.20			260.00

Terms & Conditions

Goods once sold will not be taken back or exchanged.

All disputes subject to DELHI Jurisdiction only.

E & O.E

Remark :

Rs. Two Hundred Sixty Only

For ZEDSON PHARMACY

Authorised Signatory

MRP TOTAL 291.00
DIS 0.00% 31.00

GRAND TOTAL 260.00