Details of Supplier

Bill Form

State _____ Satet Code _____

Details of Receiver

DC DC Kidney Care

State _____ Satet Code _____

No.

Date 30/4/24

Receiver GSTIN

Qty.	Description of Product	HSN Code	Rate	Value of Supply ₹	P.
10	Handwash		15	150	
	For Local Purchage			50	
	Akash Tomar				
Thank You ! E.&O.E.			TOTAL	200	

Ansh™

- Goods once sold will not be taken back.
- Interest @ 18% P.A. will be charged if it is not paid on presentation.

Signature