

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Original Copy

Anil Pharma

C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033
 Tel. : 011-41557131 email : anilpharma1997@gmail.com
 Drug Licence No. : 20B-137393, 21B-137394

Invoice No. : AP/2022-23/581
 Date of Invoice : 07-09-2022
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 19360-2

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 05-09-2022

Billed to :

DCDC SAHARA HOSPITAL RAMPUR
 DIALYSIS UNIT , SAHARA HOSPITAL
 JANU NAGAR, SIMARIYA, POST- KEMRI
 TEHSIL- MILAK , RAMPUR UP-243701

Party Mobile No : 8506057008
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DCDC SAHARA HOSPITAL RAMPUR
 DIALYSIS UNIT , SAHARA HOSPITAL
 JANU NAGAR, SIMARIYA, POST- KEMRI
 TEHSIL- MILAK , RAMPUR UP-243701

Party Mobile No : 8506057008
 GSTIN / UIN :
 D.L. No. :

SAHARA RAMPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(`)
1	10	0		Povinz M/B Powder	30049087	PNP-007	Aug-2024	45.00	15.00	0.00%	12%	168.00
2	50	0		GREENLIFE BT SET	90189099			0.00	19.00	0.00%	12%	1,064.00
3	50	0		SURGICARE GLOVES 7NO	4015			65.00	16.00	0.00%	12%	896.00
4	25	0		EXAM GLOVES LATEX	4015			590.00	230.00	0.00%	12%	6,440.00
5	6	0	1*50	HYPODERMIC STERILE SYRINGE 10M	9018	77702022	Jan-2027	0.00	175.00	0.00%	12%	1,176.00
6	2	0	1*100	HYPODERMIC STERILE SYRINGE 5ML	9018	56811021	Oct-2026	0.00	195.00	0.00%	12%	436.80
7	300	0		GREEN LIFE I/V SET	90189099	IV040722	Jun-2027	0.00	6.50	0.00%	12%	2,184.00
8	100	0		HMD KIT KATH 16NO	9018	20734.N	Jan-2027	0.00	8.00	0.00%	12%	896.00
9	28	0		MICROPORE 3"	3005	2206093	May-2025	984.00	75.00	0.00%	12%	2,352.00

Total 15,612.80

Add : Rounded Off (+)

0.20

571.00 0.00

Grand Total

15,613.00

Tax Rate Taxable Amt. IGST Amt. Total Tax

12% 13,940.000 1,672.800 1,672.800

Rupees Fifteen Thousand Six Hundred Thirteen Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

Terms & Conditions

E.& O.E.

1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorised Signatory