

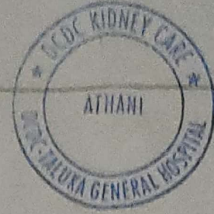
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TAX INVOICE

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/24-25/1746  
 Date of Invoice : 26-10-2024  
 Place of Supply : Karnataka (29)  
 GR/RR No. :  
 PO NO. : 27881

Transport : N/A  
 Vehicle No. :  
 Station : ATHANI  
 E-Way Bill No. :  
 PO DATE : 22-10-2024

**Billed to :**  
 DCDC TALUKA GENERAL HOSPITAL ATHANI  
 DIALYSIS UNIT, TALUKA GENERAL HOSPITAL N

**Shipped to :**  
 DCDC TALUKA GENERAL HOSPITAL ATHANI  
 DIALYSIS UNIT, TALUKA HOSPITAL  
 NEAR KARNATKA BANK, BASWARESHWAR CIRCLE  
 ATHANI, KARNATAKA - 591304

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

Party Mobile No : 9620715281  
 GSTIN / UIN :  
 D.L. No. :

ATHANI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		FITSULA NEEDLE 17G	90183290	24100417C	Sep-2027	0.00	11.00	0.00%	12%	6,160.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,003.00

Stock/No. of Boxes Received ..... 01 .....  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. ....

Total 7,163.00

500.00 0.00

Grand Total ₹ 7,163.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	5,500.000	660.000	660.000
18%	850.000	153.000	153.000
<b>Total</b>	<b>6,350.000</b>	<b>813.000</b>	<b>813.000</b>

Rupees Seven Thousand One Hundred Sixty Three 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  
 Auth. Sgr.  
 Authorised Signatory  
 DELHI