

2 Box

Original Copy

IN : 07AAPP6291A1ZR

TAX INVOICE

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/24-25/777
Date of Invoice : 16-07-2024
Place of Supply : Punjab (03)
GR/RR No. :
PO NO. : 26701

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-07-2024

Billed to : DCDC NAYYAR HOSPITAL AMRITSAR
DIALYSIS UNIT, NAYYAR HOSPITAL
3, DASONDA SINGH ROAD,
AMRITSAR , PUNJAB-143001

Shipped to : DCDC NAYYAR HOSPITAL AMRITSAR
DIALYSIS UNIT, NAYYAR HOSPITAL
3, DASONDA SINGH ROAD,
AMRITSAR , PUNJAB-143001

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

Party Mobile No : 8595955923
GSTIN / UIN :
D.L. No. :

NAYYAR

Table with 12 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Contains 10 rows of product data including BT SET, COTTON ROLL, FITSULA OFF KIT, etc.

Stock/No. of Boxes Received 2 Box
Subject to Physical Check
Name/Employee Code T. J. D. / D102507
Centre Name Nayyar Hospital
Date/Time 20/7/24 1:15 P.M.
Signature M. No. 8595955923

Total 8,626.60
Add : Rounded Off (+) 0.40

581.00 0.00 Grand Total ₹ 8,627.00

Table with 4 columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Shows 12% and 18% tax rates and their respective amounts.

Rupees Eight Thousand Six Hundred Twenty Seven Only

Bank Details : UJJIVAN SMALL FINANCE BANK,, A/c : 220712004000335; 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



07
20/07/24