

TIN : 07AAPP6291A1ZR

TAX INVOICE

Anil Pharma

Original Copy

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/24-25/962	Transport : N/A
Date of Invoice : 09-08-2024	Vehicle No. :
Place of Supply : Punjab (03)	Station :
GR/RR No. :	E-Way Bill No. :
PO NO. : 26964	PO DATE : 05-08-2024

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

NAYYAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	2	0		BLUE PUNCTURE 10LTR	90189029			0.00	240.00	0.00%	12%	537.60
2	3	0		COTTON ROLL	30059010	600	Apr-2027	0.00	115.00	0.00%	12%	386.40
3	300	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	2,352.00
4	200	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
5	300	0		IV SET-ECO	90183990	Rem.54115	Jan-2027	0.00	6.50	0.00%	12%	2,184.00
6	2	0		CIDEX 5LTR	30049029	N9140389	Mar-2026	0.00	420.00	0.00%	12%	940.80
7	20	0		MICROPORE 3"	30059060	2407102	Jun-2027	0.00	75.00	0.00%	12%	1,680.00
8	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,640.20

11
14/8/24



Total 11,289.00

827.00	0.00		
Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	8,615.000	1,033.800	1,033.800
18%	1,390.000	250.200	250.200
Total	10,005.000	1,284.000	1,284.000

Grand Total ₹ 11,289.00
 Stock/No. of Boxes Received 3 Boxes
 Subject to Physical Check
 Name/Employee Code Agayal D02592
 Centre Name Nayyar Hospital
 Date/Time 14/8/24 12pm
 Signature [Signature] M. No. 859595592

Rupees Eleven Thousand Two Hundred Eighty Nine Only

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

Terms & Conditions
 L & 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