

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/24-25/1343
 Date of Invoice : 18-09-2024
 Place of Supply : Punjab (03)
 GR/RR No. :
 PO NO. : 27452

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 04-09-2024

Billed 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. :

Shipped to :

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

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

Amritsar

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(')
1	1	0	1*100	HMD NEEDLE 26G	90183220	22422D	Apr-2029	0.00	85.00	0.00%	12%	95.20

Stock/No. of Boxes Received 1 Box
 Subject to Physical Check
 Name/Employee Code Virey duxari / DC02507
 Centre Name Nayyar Hospital
 Date/Time 18/9/24 3:45 PM
 Signature [Signature] M. No. 8595955923

Total 95.20

Less : Rounded Off (-)

0.20

1.00 0.00

Grand Total

95.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	85.000	10.200	10.200

Rupees Ninety Five Only

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

Terms & Conditions

E.& O.E.

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

Receiver's Signature :

For Anil Pharma

Authorised Signatory