Original Copy

: 07AAPPG6291A1ZR

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/24-25/1950	Transport	: N/A
Date of Invoice	: 16-11-2024	Vehicle No.	:
Place of Supply	: Karnataka (29)	Station	:
GR/RR No.	:	E-Way Bill No.	:
PO NO.	: 28577	PO DATE	: 07-11-2024

Billed to :

DCDC TALUKA HOSPITAL INDI
DIALYSIS UNIT, TALUKA HOSPITAL
DIST - VIJAYAPURA , INDI
KARNATKA - 586209

Party Mobile No : 9380638005
GSTIN / UIN :
D.L. No. :

Shipped to :

DCDC TALUKA HOSPITAL INDI
DIALYSIS UNIT, TALUKA HOSPITAL
DIST - VIJAYAPURA , INDI
KARNATKA - 586209

Party Mobile No : 9380638005
GSTIN / UIN :
D.L. No. :

INDI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		TRANSDUCER PROTECTOR	90183930			0.00	5.00	0.00%	12%	2,800.00
2	300	0		IV SET-ECO	90183990	.aiv54101	Jul-2027	0.00	6.50	0.00%	12%	2,184.00
3	6	0	1*50	HYPODERMIC STERILE SYRINGE 10M	90183100	31006024	May-2029	0.00	175.00	0.00%	12%	1,176.00
4	300	0		Fistula Off Kit	30059040			0.00	7.00	0.00%	12%	2,352.00
5	300	0		Fistula On Kit	30059040			0.00	7.00	0.00%	12%	2,352.00
6	300	0		Face Mask Non Wovwn	63079090			0.00	1.50	0.00%	5%	472.50
7	3	0	1*100	HYPODERMIC STERILE SYRINGE 5ML	90183100	32106024	May-2028	0.00	195.00	0.00%	12%	655.20
8	36	0		PAPER TAPE 2" 9.1MTR	30059060			0.00	46.60	0.00%	12%	1,878.91
9	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,994.20

Stock/No. of Boxes Received ..03.....
Subject to Physical Check 03
Name/Employee Code .....
Centre Name .....
Date/Time 23/11/2024 .....
Signature ..... M.No. .....

DCDC KIDNEY CARE * TALUKA HOSPITAL * INDI

	Total	**15,864.81**
Add : Rounded Off (+)		0.19
	Grand Total ₹	**15,865.00**

1,745.00 **0.00**

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	11,962.600	1,435.512	1,435.512
5%	450.000	22.500	22.500
18%	1,690.000	304.200	304.200
Total	**14,102.600**	**1,762.212**	**1,762.212**

Rupees Fifteen Thousand Eight Hundred Sixty Five 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

ANIL PHARMA Auth. Sign DELHI

Authorised Signatory