

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/24-25/1803  
 Date of Invoice : 13-11-2024  
 Place of Supply : Telangana (36)  
 GR/RR No. :  
 PO NO. : 28516

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 07-11-2024

**Billed to :**  
 DCDC DISTRICT HOSPITAL KARIMNAGAR  
 DIALYSIS UNIT, DISTRICT HEAD WUATERS HOS

**Shipped to :**  
 DCDC DISTRICT HOSPITAL KARIMNAGAR  
 DIALYSIS UNIT, DISTRICT HOSPITAL  
 BESIDE MCH HOSPITAL , KARIMNAGAR  
 TELANGANA - 505001

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

Party Mobile No : 7732000738  
 GSTIN / UIN :  
 D.L. No. :

KARIMNAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	198	0		PAPER TAPE 2" 9.1MTR	30059060			0.00	46.60	0.00%	12%	10,334.02
2	10	0		SHARP CONTAINER PLASTIC 3LTR	90183990			0.00	150.00	0.00%	12%	1,680.00
3	500	0		Cap	62103090			0.00	0.90	0.00%	5%	472.50
4	500	0		Face Mask Non Wovwn	63079090			0.00	1.50	0.00%	5%	787.50
5	1,000	0		TRANSDUCER PROTECTOR	90183930			0.00	5.00	0.00%	12%	5,600.00
6	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,563.50

Total 20,437.52

Add : Rounded Off (+)

0.48

2,208.00 0.00

Grand Total ₹ 20,438.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	15,726.800	1,887.216	1,887.216
5%	1,200.000	60.000	60.000
18%	1,325.000	238.500	238.500
<b>Total</b>	<b>18,251.800</b>	<b>2,185.716</b>	<b>2,185.716</b>

Stock/No. of Boxes Received ..... 2  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name : Karimnagar  
 Date/Time ..... 13/11/2024  
 Signature ..... M. No. 7822679809

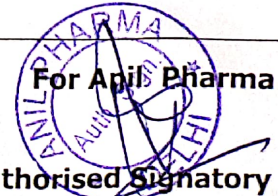
Rupees Twenty Thousand Four Hundred Thirty Eight Only

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  
 Authorised Signatory