

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/24-25/1778
 Date of Invoice : 12-11-2024
 Place of Supply : West Bengal (19)
 GR/RR No. :
 PO NO. : 28304

Transport : N/A
 Vehicle No. :
 Station : KOLKATA
 E-Way Bill No. :
 PO DATE : 28-10-2024

Billed to :
 DCDC RUBY GENERAL HOSPITAL KOLKATA
 DIALYSIS UNIT, RUBY GENERAL HOSPITAL
 KASBA GOLPARK, EM BYPASS
 KOLKATA, WEST BENGAL - 700107

Party Mobile No : 8506005556
 GSTIN / UIN :
 D.L. No. :

Shipped to :
 DCDC RUBY GENERAL HOSPITAL KOLKATA
 DIALYSIS UNIT, RUBY GENERAL HOSPITAL
 KASBA GOLPARK, EM BYPASS
 KOLKATA, WEST BENGAL - 700107

Party Mobile No : 8506005556
 GSTIN / UIN :
 D.L. No. :

KOLKATA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	1,000	0		Fistula On Kit	30059040			0.00	7.00	0.00%	12%	7,840.00
2	1	0		ACCUSURE PLUS GLUCOMETER	90278990			0.00	0.00	0.00%	12%	0.00

Total 7,840.00

1,001.00 0.00

Grand Total

7,840.00

Tax Rate Taxable Amt. IGST Amt. Total Tax

12% 7,000.000 840.000 840.000

Rupees Seven Thousand Eight Hundred Forty 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

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
 No. 8506005556