

1 BOX

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/24-25/1851	Transport : N/A
Date of Invoice : 14-11-2024	Vehicle No. :
Place of Supply : West Bengal (19)	Station : KOLKATA
GR/RR No. :	E-Way Bill No. :
PO NO. : 28304	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	Shipped to : DCDC RUBY GENERAL HOSPITAL KOLKATA DIALYSIS UNIT, RUBY GENERAL HOSPITAL KASBA GOLPARK , EM BYPASS KOLKATA , WEST BENGAL - 700107
Party Mobile No : 8506005556	Party Mobile No : 8506005556
GSTIN / UIN :	GSTIN / UIN :
D.L. No. :	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 Needle 16G	901839	24110601	Oct-2027	0.00	11.00	0.00%	12%	12,320.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,309.80

Total 13,629.80
Add : Rounded Off (+) 0.20

1,000.00 0.00 Grand Total ₹ 13,630.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	11,000.000	1,320.000	1,320.000
18%	1,110.000	199.800	199.800
Total	12,110.000	1,519.800	1,519.800

Rupees Thirteen Thousand Six Hundred Thirty 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 :
	Stock/No. of Boxes Received 01 Subject to Physical Check Name/Employed Code Anil Pharma / DC00513 Centre Name B.C.F. Date/Time 20/11/24 Signature Anil M. No. 801661805

For Anil Pharma

Authorised Signatory

