

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/24-25/1683
 Date of Invoice : 23-10-2024
 Place of Supply : Haryana (06)
 GR/RR No. :
 PO NO. : 27920

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 04-10-2024

Billed to :

DCDC GOVT. POLYCLINIC KURUKSHETRA
 GOVERNMENT POLYCLINIC UMARI ROAD
 SECTOR- 4 , KURUKSHETRA
 HARYANA-136118

Party Mobile No : 7015874488
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DCDC GOVT. POLYCLINIC KURUKSHETRA
 DIALYSIS UNIT, GOVERNMENT POLICLINIC
 UMARI ROAD , SECTOR - 4 , KURUKSHETRA
 HARYANA - 136118

Party Mobile No : 9729050786
 GSTIN / UIN :
 D.L. No. :

KURUKSHETRA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,000	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
2	500	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	3,920.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,239.00

Stock/No. of Boxes Received 2
 Subject to Physical Check Yes
 Name/Employee Code TAUNDEE/12403333
 Centre Name Polyclinic, K.R.R.
 Date/Time 07-10-2024 / 4:00 PM
 Signature M. 2307318304

Total 12,999.00

1,500.00 0.00

Grand Total ₹ 12,999.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	10,500.000	1,260.000	1,260.000
18%	1,050.000	189.000	189.000
Total	11,550.000	1,449.000	1,449.000

Rupees Twelve Thousand Nine Hundred Ninety Nine 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