

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/24-25/1686
Date of Invoice : 23-10-2024
Place of Supply : Haryana (06)
GR/RR No. :
PO NO. : 27714

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

Billed to :

DCDC CIVIL HOSPITAL JIND
CIVIL HOSPITAL
JIND - GOHANA ROAD , JIND
HARYANA-126102

Shipped to :

DCDC CIVIL HOSPITAL JIND
DIALYSIS UNIT, CIVIL HOSPITAL
JIND - GOHANA ROAD , JIND
HARYANA - 126102

Party Mobile No : 8588024273

GSTIN / UIN :

D.L. No. :

Party Mobile No : 8295012840

GSTIN / UIN :

D.L. No. :

JIND

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	400	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	3,136.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	531.00

Stock/No. of Boxes Received 400 Pkg.
Subject to Physical Check
Name/Employee Code
Centre Name DCDC CIVIL, JIND
Date/Time 09/11/24
Signature M. No. 8295012840

Total 3,667.00

400.00 0.00

Grand Total ₹ 3,667.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	2,800.000	336.000	336.000
18%	450.000	81.000	81.000
Total	3,250.000	417.000	417.000

Rupees Three Thousand Six Hundred Sixty Seven 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