

2 Box x

Original Copy

GSTIN : 07AAPPG6291A1ZR

TAX INVOICE

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/24-25/1828
 Date of Invoice : 14-11-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 28476

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

Billed to :
 DCDC TALUKA HOSPITAL BHATKAL
 DIALYSIS UNIT, TALUKA HOSPITAL BHATKAL ,

Shipped to :
 DCDC TALUKA HOSPITAL BHATKAL
 DIALYSIS UNIT , TALUKA HOSPITAL
 BHATKAL , KARNATAKA - 581320

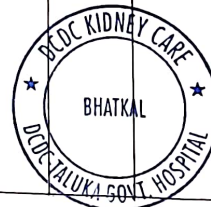
Party Mobile No :
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 8105942976
 GSTIN / UIN :
 D.L. No. :

BHATKAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	100	0	SURGI	SURGICARE GLOVES 6.50 NO	40151200			49.00	16.00	0.00%	12%	1,792.00
2	1,500	0		Fistula Needle 16G	901839	.24102301	Sep-2027	0.00	11.00	0.00%	12%	18,480.00
3	50	0		Inj Frusamide 1*50 (R) / Laxi	30049099	Mn24012a	Mar-2026	0.00	3.30	0.00%	12%	184.80
4	18	0		PAPER TAPE 2" 9.1MTR	30059060			0.00	46.60	0.00%	12%	939.46
5	20	0		Inj Budicort 0.5Mg	30049099	RS3254	Oct-2025	0.00	16.30	0.00%	12%	365.12
6	2	0		Blue Puncture 10 Ltr	90189029			0.00	240.00	0.00%	12%	537.60
7	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,604.80

Stock/No. of Boxes Received 2 Box
 Subject to Physical Check YES
 Name/Employee Code UJJIVAN BHASKAR WALK
 Centre Name BHATKAL
 Date/Time 14/11/24
 Signature M. No. 9316642744



Total 23,903.78
 Add : Rounded Off (+) 0.22

1,690.00 0.00

Grand Total ₹ 23,904.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	19,909.800	2,389.176	2,389.176
18%	1,360.000	244.800	244.800
Total	21,269.800	2,633.976	2,633.976

Rupees Twenty Three Thousand Nine Hundred Four 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 :

ANIL PHARMA
 For Anil Pharma
 Authorised Signatory