

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/24-25/1821
Date of Invoice : 13-11-2024
Place of Supply : Chhattisgarh (22)
GR/RR No. :
PO NO. : 28706-2Transport : N/A
Vehicle No. :
Station : AMBIKAPUR
E-Way Bill No. :
PO DATE : 11-11-2024**Billed to :**DCDC JEEVAN JYOTI HOSPITAL AMBIKAPUR
DIALYSIS UNIT, JEEVAN JYOTI HOSPITAL
2ND FLOOR, DARRIPARA, AMBIKAPUR
DIST - SURGUJA , CHHATTISGARH - 497001Party Mobile No : 8210919785
GSTIN / UIN :
D.L. No. :**Shipped to :**DCDC JEEVAN JYOTI HOSPITAL AMBIKAPUR
DIALYSIS UNIT, JEEVAN JYOTI HOSPITAL
2ND FLOOR, DARRIPARA, AMBIKAPUR
DIST - SURGUJA , CHHATTISGARH - 497001Party Mobile No : 6202873068
GSTIN / UIN :
D.L. No. :

JEEVAN JYOTI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,500	0		NON WOVEN BED SHEET	63071030			0.00	13.00	0.00%	5%	20,475.00
2	5	0	1*100	Glucostrips (Accusure) 1*100	38221990	.244AB0200	Mar-2026	0.00	700.00	0.00%	12%	3,920.00
3	1	0		ACCUSURE PLUS GLUCOMETER	90278990			0.00	0.00	0.00%	12%	0.00
4	1	0		STETHSCOPE ASC	90189012			0.00	185.00	0.00%	12%	207.20
5	1	0		Bp Instrument Dial Cheek	90189011		---	0.00	850.00	0.00%	12%	952.00
6	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	5,321.80

Total 30,876.00

1,508.00 0.00

Grand Total ₹ 30,876.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	19,500.000	975.000	975.000
12%	4,535.000	544.200	544.200
18%	4,510.000	811.800	811.800
Total	28,545.000	2,331.000	2,331.000

Rupees Thirty Thousand Eight Hundred Seventy Six Only

Stock/No. of Boxes Received ...15.....
Subject to Physical Check
Name/Employee Code Vivek K. Singh
Centre Name J.S Hospital Ambikapur
Date/Time 13/11/2024 12:10 PM
Signature M. No. 6202873068

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