

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/24-25/1800
 Date of Invoice : 13-11-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 28506

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

Billed to :

DCDC DISTRICT HOSPITAL MUZAFFAR NAGAR
 DISTRICT HOSPITAL , RORKEE ROAD
 LADDHAWALA
 UP-251001

Party Mobile No : 9997287917
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DCDC DISTRICT HOSPITAL MUZAFFAR NAGAR
 DIALYSIS UNIT , DISTRICT HOSPITAL
 ROORKEE ROAD , LADDHAWALA
 MUZAFFAR NAGAR, UTTAR PRADESH - 251001

Party Mobile No : 9634720912
 GSTIN / UIN :
 D.L. No. :

MUZAFFAR NAGAR

| S.N. | Qty. | Free | Pack | Products Name | HSN | Batch No. | Exp. | MRP | Rate | Dis. % | GST % | Amount(₹) |
|------|------|------|------|----------------------|----------|-----------|----------|------|------|--------|-------|-----------|
| 1 | 50 | 0 | | TRANSDUCER PROTECTOR | 90183930 | 22110306 | Oct-2025 | 0.00 | 5.00 | 0.00% | 12% | 280.00 |

Total 280.00

50.00 0.00

Grand Total ₹ 280.00

| Tax Rate | Taxable Amt. | IGST Amt. | Total Tax |
|----------|--------------|-----------|-----------|
| 12% | 250.000 | 30.000 | 30.000 |

Rupees Two Hundred Eighty Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

Terms & Conditions

E.& O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

Stock/No. of Boxes Received ok
 Subject to Physical Check ok
 Name/Employee Code
 Centre Name
 Date/Time 13/11/24
 Signature M. No. 9634720912

For Anil Pharma

Authorised Signatory