

GSTIN : 07AAPGG6291A1ZR

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/24-25/1799
 Date of Invoice : 13-11-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 28438

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

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

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

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	300	0		IV SET-ECO	90183990	AVI54101	Jul-2027	0.00	6.50	0.00%	12%	2,184.00
2	10	0		TAB BIOCETAMOL 500MG	30049069	GAB2528	Oct-2029	0.00	9.50	0.00%	12%	106.40
3	4	0		NEEDLE CUTTER 3LTR	90183990			0.00	2,300.00	0.00%	12%	10,304.00
4	8	0	1*50	HYPODERMIC STERILE SYRINGE 10M	90183100	31006024	May-2029	0.00	175.00	0.00%	12%	1,568.00
5	6	0	1*100	HYPODERMIC STERILE SYRINGE 5ML	90183100	32106024	May-2028	0.00	195.00	0.00%	12%	1,310.40
6	--	--	--	FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,646.10

Add : Rounded Off (+)

Total 17,118.90
0.10

328.00 0.00

Grand Total ₹ 17,119.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	13,815.000	1,657.800	1,657.800
18%	1,395.000	251.100	251.100
Total	15,210.000	1,908.900	1,908.900

Rupees Seventeen Thousand One Hundred Nineteen 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 :

Stock/No. of Boxes Received *2 Box*
 Subject to Physical Check *nc*
 Name/Employee Code *DS*
 Centre Name *Muzaffar Nagar*
 Date/Time *13/11/24*
 Signature *[Signature]* M. No. *9634720912*

For Anil Pharma
Authorised Signatory