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Invoice No.

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/24-25/1887
 Date of Invoice : 16-11-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 28687

Transport : DELHIVERY PRIVATE LIMITED
 Vehicle No. :
 Station : KARWAR
 E-Way Bill No. : 791477516568
 PO DATE : 09-11-2024

Billed to :
 DCDC DISTRICT CIVIL HOSPITAL KARWAR
 DIALYSIS UNIT, DISTRICT HOSPITAL
 KARWAR , KARNATAKA - 581301

Shipped to :
 DCDC DISTRICT CIVIL HOSPITAL KARWAR
 DIALYSIS UNIT, DISTRICT HOSPITAL
 KARWAR , KARNATAKA - 581301

Party Mobile No : 8746959190
 GSTIN / UIN :
 D.L. No. :

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 GSTIN / UIN :
 D.L. No. :

KARWAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	2	0	1*50	HIV Kit	30029090	OHIV-01201	May-2026	0.00	2,600.00	0.00%	5%	5,460.00
2	2	0	1*50	Hcv Kit	30029090	OHCV-01240	May-2026	0.00	2,650.00	0.00%	5%	5,565.00
3	2	0	1*50	HBSAG Kit	30029090	OHBS-01240	Jul-2026	0.00	550.00	0.00%	5%	1,155.00
4	1	0		BLOOD SPILL KIT	90189029			0.00	1,850.00	0.00%	12%	2,072.00

Total 14,252.00

7.00 0.00

Grand Total ₹ 14,252.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	11,600.000	580.000	580.000
12%	1,850.000	222.000	222.000
Total	13,450.000	802.000	802.000

Rupees Fourteen Thousand Two Hundred Fifty Two Only

Stock/No. of Boxes Received 1 Box
 Subject to Physical Check ✓
 Name/Employee Code 203346
 Centre Name D.H. Karwar
 Date Time 23/11/24 11:20:02
 M. No. 8317386401

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

Terms & Conditions

E.& O.E.

Receiver's Signature :

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.

For Anil Pharma

Authorised Signatory

