

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Anil Pharma

Original Copy

C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033  
Tel. : 011-41557131 email : anilpharma1997@gmail.com  
Drug Licence No. : 20B-137393, 21B-137394

1 Box

Invoice No. : AP/24-25/1921  
Date of Invoice : 16-11-2024  
Place of Supply : Karnataka (29)  
GR/RR No. :  
PO NO. : 28520

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

Billed to :

DCDC TALUKA HOSPITAL DANDELI  
DIALYSIS UNIT , TALUKA HOSPITAL  
DIST - UTTAR KANNADA , DANDELI  
KARNATAKA -581325

Shipped to :

DCDC TALUKA HOSPITAL DANDELI  
DIALYSIS UNIT , TALUKA HOSPITAL  
DIST - UTTAR KANNADA , DANDELI  
KARNATAKA -581325

Party Mobile No : 8867417094  
GSTIN / UIN :  
D.L. No. :

Party Mobile No : 8867417094  
GSTIN / UIN :  
D.L. No. :

DANDELI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	100	0		TRANSDUCER PROTECTOR	90183930			0.00	5.00	0.00%	12%	560.00
2	100	0		IV SET-ECO	90183990	.aiv54101	Jul-2027	0.00	6.50	0.00%	12%	728.00
3	2	0	1*50	HYPODERMIC STERILE SYRINGE 10M	90183100	31006024	May-2029	0.00	175.00	0.00%	12%	392.00
4	1	0	1*100	HYPODERMIC STERILE SYRINGE 5ML	90183100	32106024	May-2028	0.00	195.00	0.00%	12%	218.40
5	100	0		Fistula Off Kit	30059040			0.00	7.00	0.00%	12%	784.00
6	100	0		Fistula On Kit	30059040			0.00	7.00	0.00%	12%	784.00
7	18	0		PAPER TAPE 2" 9.1MTR	30059060			0.00	46.60	0.00%	12%	939.46

Stock/No. of Boxes Received ..... 1 Box  
Subject to Physical Check  
Name/Employee Code ..... Samuel  
Centre Name ..... Dandeli  
Date/Time ..... 23/11/24  
Signature ..... M. No. 8310298271



Add : Rounded Off (+)

Total 4,405.86  
0.14

421.00 0.00

Grand Total ₹ 4,406.00

Tax Rate Taxable Amt. IGST Amt. Total Tax  
12% 3,933.800 472.056 472.056

Rupees Four Thousand Four Hundred Six 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 :

For Anil Pharma  
Authorised Signatory