

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/24-25/1838  
 Date of Invoice : 14-11-2024  
 Place of Supply : Karnataka (29)  
 GR/RR No. :  
 PO NO. : 28651

Transport : N/A  
 Vehicle No. :  
 Station : MUDDEBIHAL  
 E-Way Bill No. :  
 PO DATE : 09-11-2024

**Billed to :**  
 DCDC TALUKA HOSPITAL MUDDEBIHAL  
 DIALYSIS UNIT, TALUKA HOSPITAL TANGADAGI

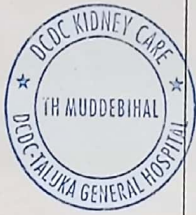
**Shipped to :**  
 DCDC TALUKA HOSPITAL MUDDEBIHAL  
 DIALYSIS UNIT , TALUKA HOSPITAL  
 TANGADAGI ROAD , DIST - VIJAYAPURA  
 MUDDEBIHAL , KARNATAKA - 586212

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

Party Mobile No : 7349376576  
 GSTIN / UIN :  
 D.L. No. :

MUDDEBIHAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1	0		BLOOD SPILL KIT	90189029			0.00	1,850.00	0.00%	12%	2,072.00



Stock/No. of Boxes Received... 1 Box  
 Subject to Physical Check... 1 Box  
 Name/Employee Code... Malashri rotod  
 Centre Name... Muddebihal  
 Date/Time... 14/11/2024 Time 4:00pm  
 Signature... [Signature] M. N. 7349376576

Total 2,072.00

1.00 0.00

Grand Total ₹ 2,072.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,850.000	222.000	222.000

**Rupees Two Thousand Seventy Two 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  
 [Signature]  
 Authorised Signatory