

GSTIN : 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/24-25/1922  
 Date of Invoice : 16-11-2024  
 Place of Supply : Karnataka (29)  
 GR/RR No. :  
 PO NO. : 28658

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

**Billed to :**

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

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

**Shipped to :**

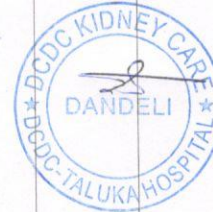
DCDC TALUKA HOSPITAL DANDELI  
 DIALYSIS UNIT , TALUKA HOSPITAL  
 DIST - UTTAR KANNADA , DANDELI  
 KARNATAKA -581325

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

DANDELI

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 .. Spill kit ①  
 Subject to Physical Check  
 Name/Employee Code .. Samuel  
 Centre Name .. Dandeli  
 Date/Time .. 23/11/24  
 Signature .. M. No. 8310298271



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.&amp; 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 :

For Anil Pharma

Authorised Signatory