

Original Copy

**TAX INVOICE**

**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

GSTIN : 07AAPP6291A1ZR

Invoice No. : AP/24-25/1539  
 Date of Invoice : 15-10-2024  
 Place of Supply : Karnataka (29)  
 GR/RR No. :  
 PO NO. : 28075-1

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 11-10-2024

**Billed to :**  
 DCDC TALUKA HOSPITAL BAILHONGAL  
 DIALYSIS UNIT, TALUKA GENERAL HOSPITAL D

**Shipped to :**  
 DCDC TALUKA HOSPITAL BAILHONGAL  
 DIALYSIS UNIT, TALUKA HOSPITAL  
 DEVLAPUR ROAD , BAILHONGAL  
 KARNATAKA - 591102

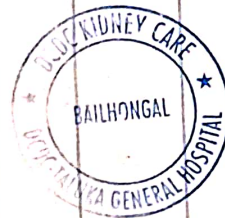
Party Mobile No :  
 GSTIN / UIN :  
 D.L. No. :

Party Mobile No : 6363162319  
 GSTIN / UIN :  
 D.L. No. :

**BAILHONGAL**

S.N.	Qty	Unit	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount( )
1	1		0	SYNTHETIC COVER FOR TROLLY	42029900			0.00	1,280.00	0.00%	12%	1,433.60

Stock/No. of Boxes Received .....  
 Subject to Physical Check *Sanita N.*  
 Name/Employed Code .....  
 Centre Name *Bailhospital*  
 Date/Time *30.1.8.2024*  
 Signature *[Signature]*



**Total 1,433.60**

Add : Rounded Off (+)

0.40

**Grand Total**

**1,434.00**

1.00 0.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,280.000	153.600	153.600

**Rupees One Thousand Four Hundred Thirty Four Only**

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

**Terms & Conditions**

- E&O.E.**
- Goods once sold will not be taken back.
  - Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.

Receiver's Signature :

**For Anil Pharma**