

IN : 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/24-25/1885
Date of Invoice : 16-11-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 28690Transport : DELHIVERY PRIVATE LIMITED
Vehicle No. :
Station : BAGALKOTE
E-Way Bill No. : 761477512752
PO DATE : 09-11-2024**Billed to :**DCDC DISTRICT GOVT. HOSPITAL BAGALKOTE
DIALYSIS UNIT, DISTRICT HOSPITAL
NAVANAGAR , VIDYAGIRI
BAGALKOTE , KARNATAKA - 587102Party Mobile No : 9741624790
GSTIN / UIN :
D.L. No. :**Shipped to :**DCDC DISTRICT GOVT. HOSPITAL BAGALKOTE
DIALYSIS UNIT, DISTRICT HOSPITAL
NAVANAGAR , VIDYAGIRI
BAGALKOTE , KARNATAKA - 587102Party Mobile No : 9741624790
GSTIN / UIN :
D.L. No. :

BAGALKOTE

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
2	5	0	1*50	HBSAG Kit	30029090	OHBS-01240	Jul-2026	0.00	550.00	0.00%	5%	2,887.50
3	5	0	1*50	HIV Kit	30029090	OHIV-01201	May-2026	0.00	2,600.00	0.00%	5%	13,650.00
4	5	0	1*50	Hcv Kit	30029090	OHCV-01240	May-2026	0.00	2,650.00	0.00%	5%	13,912.50

Total 32,522.00

16.00 0.00

Grand Total ₹ 32,522.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,850.000	222.000	222.000
5%	29,000.000	1,450.000	1,450.000
Total	30,850.000	1,672.000	1,672.000

Stock/No. of Boxes Received 10
Subject to Physical Check
Name/Employee Code maleh: De
Centre Name Bagalkote
Date/Time 23/11/2024
Signature M. No.

Rupees Thirty Two Thousand Five Hundred Twenty Two 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 with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorised Signatory