

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/24-25/2009
Date of Invoice : 18-11-2024
Place of Supply : Haryana (06)
GR/RR No. :
PO NO. : 28554

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

Billed to :
DCDC PREM HOSPITAL PANIPAT
PREM HOSPITAL, LHDM & DR PREM HSOPITAL
BISHAN SARUP COLONY OPP. BUS STAND
PANIPAT HARYANA-132103

Shipped to :
DCDC PREM HOSPITAL PANIPAT
DIALYSIS UNIT, PREM HOSPITAL
BISHAN SARUP COLONY, OPP - BUS STAND
PANIPAT, HARYANA - 132103

Party Mobile No : 8506000689
GSTIN / UIN :
D.L. No. :

Party Mobile No : 9671899298
GSTIN / UIN :
D.L. No. :

PREM PANIPAT

Table with 12 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Contains 3 rows of product data including IV SET-ECO, MICROPORE 3", and FREIGHT CHARGES.

Add : Rounded Off (+)

Total 5,545.97
0.03

152.00 0.00

Grand Total ₹ 5,546.00

Summary table with columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Rows for 12% and 18% rates, and a Total row.

Rupees Five Thousand Five Hundred Forty 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 :

Book/No. of Boxes Received ... 2 Box
Subject to Physical Check
Name/Employee Code ... D. Co 3448
Centre Name ... Panipat
Date/Time ... 18/11/24 3:30 P.M.
Signature ... M. No. 8506000689



For Anil Pharma
Authorised Signatory