

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/24-25/1833
 Date of Invoice : 14-11-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 28699

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

Billed to :
 DCDC TALUKA HOSPITAL GAJENDRAGADA
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - GADAG , GAJENDRAGADA
 KARNATKA - 582114

Shipped to :
 DCDC TALUKA HOSPITAL GAJENDRAGADA
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - GADAG , GAJENDRAGADA
 KARNATKA - 582114

Party Mobile No : 9986980020
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 7411810733
 GSTIN / UIN :
 D.L. No. :

GAJENDRAGADA

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

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.
- 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 :

Stock/No. of Boxes Received 1 Box
 Subject to Physical Check
 Name/Employee Code Mahantesh
 Centre Name DCDC Taluka Hospital Gajendragada
 Date/Time 14/11/2024
 Signature [Signature] M. No. 7411810733



Authorised Signatory