

2 Box

11ZR

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

Table with invoice details: Invoice No., Date of Invoice, Place of Supply, GR/RR No., PO NO., Transport, Vehicle No., Station, E-Way Bill No., PO DATE.

Table with billing and shipping details: Billed to, Shipped to, Party Mobile No, GSTIN / UIN, D.L. No.

BAILHONGAL

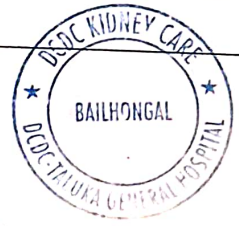
Main product table with columns: S.N., Qty, Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹)

Less : Rounded Off (-) Total 24,731.28 0.28

1,957.00 0.00

Grand Total ₹ 24,731.00

Table with tax details: Tax Rate, Taxable Amt, IGST Amt, Total Tax



Stock/No. of Boxes Received
Subject to Physical Check Sunita N
Name/Employee Code
Centre Name BAILHONGAL
Date/Time 23.11.2024 3pm
Signature M. No.

Rupees Twenty Four Thousand Seven Hundred Thirty One 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 :

For Anil Pharma
Authorised Signatory
Stamp: ANIL PHARMA, BAILHONGAL, DELHI