

GSTIN : 07AAPP6291A1ZR

TAX INVOICE
Anil Pharma

Original Copy

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/24-25/2025
Date of Invoice : 25-11-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 28800-1

Transport : N/A
Vehicle No. :
Station : LAKHIMPUR KHIRI
E-Way Bill No. :
PO DATE : 25-11-2024

Billed to :
DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
DISTRICT HOSPITAL , LAKHIMPUR KHIRI,
NEAR T.W WARD HOSPITAL ROAD , POLICE
LINE , LAKHIMPUR , UTTAR PRADESH-262701

Shipped to :
DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
DIALYSIS UNIT, DISTRICT HOSPITAL
NEAR TB WARD HOSPITAL RAD, POLICE LINES
LAKHIMPUR KHIRI, UTTAR PRADESH - 262701

Party Mobile No : 8447444344
GSTIN / UIN :
No. :

Party Mobile No : 7309340559
GSTIN / UIN :
D.L. No. :

LAKHIMPUR

Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount ()
100	0		Inj Pantaprozole 40Mg	30049039	MN24122F	Jun-2026	0.00	14.30	0.00%	12%	1,601.60

Signature :
Date/Time : 25-11-2024 1:10 PM
Centre Name :
Name/Employee Code :
Subject to Physical Check :
No. of Boxes Received : 1 box

Add : Rounded Off (+) Total 1,601.60
0.00

Grand Total 1,602.00

Rate	Taxable Amt.	IGST Amt.	Total Tax
%	1,430.000	171.600	171.600

Amount in Words : Rupees One Thousand Six Hundred Two 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