

GSTIN : 07AAPP6291A1ZR

## TAX INVOICE

## 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/24-25/1977  
 Date of Invoice : 17-11-2024  
 Place of Supply : Bihar (10)  
 GR/RR No. :  
 PO NO. : 28340

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

**Billed to :**

DCDC DHARAMSHEELA DEVI HOSPITAL NAWADA  
 DIALYSIS UNIT, DHARAMSHEELA DEVI HOSPITAL

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

**Shipped to :**

DCDC DHARAMSHEELA DEVI HOSPITAL NAWADA  
 DIALYSIS UNIT , DHARAMSHEELA HOSPITAL  
 KENDUA , NEAR ITI COLLEGE , NAWADA  
 BIHAR - 805110

Party Mobile No : 9304889041  
 GSTIN / UIN :  
 D.L. No. :

NAWADA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	5	0		Exam Gloves (M)	40151200			0.00	230.00	0.00%	12%	1,288.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	696.20

Total 1,984.20  
 Less : Rounded Off (-) 0.20

5.00 0.00

Grand Total ₹ 1,984.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,150.000	138.000	138.000
18%	590.000	106.200	106.200
<b>Total</b>	<b>1,740.000</b>	<b>244.200</b>	<b>244.200</b>

Rupees One Thousand Nine Hundred Eighty Four Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

## Terms &amp; Conditions

E.&amp; 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 ... DCU 2133 .....  
 Centre Name ... Dharamsheela ...  
 Date/Time ... 12:45 PM ... 23/11/24  
 Signature ..... M. No. 769889232

For Anil Pharma

Authorised Signatory

DELHI