

271222312

1 Box

GSTIN : 07AAPP66291A1ZR

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/24-25/1763  
 Date of Invoice : 04-11-2024  
 Place of Supply : Jharkhand (20)  
 GR/RR No. :  
 PO NO. : 27864

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. : 22-10-2024  
 PO DATE :

**Billed to :**

DCDC MGM HOSPITAL JAMSHEDPUR  
 MGM HOSPITAL , EAST SINGHMAM BAGH SAKCHI  
 DISTRICT JAMSHEDPUR

**Shipped to :**

DCDC MGM HOSPITAL JAMSHEDPUR  
 DIALYSIS UNIT , MGM HOSPITAL  
 EAST SINGHBHAM SAKCHI , JAMSHEDPUR  
 JHARKHAND - 831001

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

Party Mobile No : 6202873068  
 GSTIN / UIN :  
 D.L. No. :

JAMSHEDPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		FITSULA NEEDLE 16G	901839	24102301	Sep-2027	0.00	11.00	0.00%	12%	6,160.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	973.50

Total 7,133.50

Add : Rounded Off (+)

0.50

Grand Total ₹ 7,134.00

500.00 0.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	5,500.000	660.000	660.000
18%	825.000	148.500	148.500
<b>Total</b>	<b>6,325.000</b>	<b>808.500</b>	<b>808.500</b>

Rupees Seven Thousand One Hundred Thirty Four Only

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

**Terms & 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 .....

Subject to Physical Check

Name/Employee Code SAHANI, D. C. 00028

Centre Name MGM HOSPITAL, JAMSHEDPUR

Date/Time 04.11.2024 12.00 PM

Signature ..... M. No. 2288477040

