

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/24-25/1906
 Date of Invoice : 16-11-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 28638

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 09-11-2024

Billed to :

DCDC TALUKA HOSPITAL GOKAK
 DIALYSIS UNIT, TALUKA HOSPITAL
 GOKAK , KARNATAKA - 591307

Shipped to :

DCDC TALUKA HOSPITAL GOKAK
 DIALYSIS UNIT, TALUKA HOSPITAL
 GOKAK , KARNATAKA - 591307

Party Mobile No : 7892208271
 GSTIN / UIN :
 D.L. No. :

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 D.L. No. :

GOKAK

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1	0	1*50	HBSAG Kit ✓	30029090	OHBS-01240	Jul-2026	0.00	550.00	0.00%	5%	577.50
2	1	0	1*50	HIV Kit ✓	30029090	OHIV-01201	May-2026	0.00	2,600.00	0.00%	5%	2,730.00
3	1	0	1*50	Hcv Kit ✓	30029090	OHCV-01240	May-2026	0.00	2,650.00	0.00%	5%	2,782.50
Total											6,090.00	



3.00 0.00

Grand Total ₹ 6,090.00

Tax Rate Taxable Amt. IGST Amt. Total Tax
 5% 5,800.000 290.000 290.000
Rupees Six Thousand Ninety Only

Stock/No. of Boxes Received 1 BX

Subject to Physical Check

Name/Employee Code DC03589

Centre Name G.H. GOKAK

Date/Time 16/11/24

Signature M. No. 7892208271

Bank Details : UJJIVAN SMALL FINANCE BANK, A/c : 2202420040000335, 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
 Authorized Signatory