

GSTIN : 07AAPP6291A1ZR

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/24-25/1842  
 Date of Invoice : 14-11-2024  
 Place of Supply : Karnataka (29)  
 GR/RR No. :  
 PO NO. : 28700

Transport : DELHIVERY PRIVATE LIMITED  
 Vehicle No. :  
 Station : GADAG  
 E-Way Bill No. : 711477006784  
 PO DATE : 11-11-2024

**Billed to :**

DCDC DISTRICT HOSPITAL GADAG  
 DIALYSIS UNIT , DISTRICT HOSPITAL, ROOM

**Shipped to :**

DCDC DISTRICT HOSPITAL GADAG  
 DIALYSIS UNIT, DISTRICT HOSPITAL  
 NEW BUILDING , ROOM NO - 423  
 GADAG , KARNATAKA - 582103

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

Party Mobile No : 7353366691  
 GSTIN / UIN :  
 D.L. No. :

GADAG

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	8	0	1*50	HBSAG Kit	30029090	OHBS-01240	Jul-2026	0.00	550.00	0.00%	5%	4,620.00
2	8	0	1*50	Hcv Kit	30029090	OHCV-01240	May-2026	0.00	2,650.00	0.00%	5%	22,260.00
3	8	0	1*50	HIV Kit	30029090	OHIV-01201	May-2026	0.00	2,600.00	0.00%	5%	21,840.00



Total 48,720.00

24.00 0.00

Grand Total ₹ 48,720.00

Tax Rate Taxable Amt. IGST Amt. Total Tax

5% 46,400.000 2,320.000 2,320.000

**Rupees Forty Eight Thousand Seven Hundred Twenty Only****Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207****Terms & Conditions**

E.&amp; 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

Stock/No. of Boxes Received ..... A 30x

Subject to Physical Check

Name/Employee Code ..... DCDC3370

Centre Name ..... Gadag

Date/Time ..... 14/11/2024