

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/24-25/1923  
Date of Invoice : 16-11-2024  
Place of Supply : Karnataka (29)  
GR/RR No. :  
PO NO. : 28680

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

**Billed to :**

DCDC TALUKA HOSPITAL DANDELI  
DIALYSIS UNIT , TALUKA HOSPITAL  
DIST - UTTAR KANNADA , DANDELI  
KARNATAKA -581325

Party Mobile No : 8867417094  
GSTIN / UIN :  
D.L. No. :

**Shipped to :**

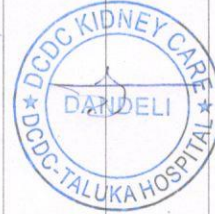
DCDC TALUKA HOSPITAL DANDELI  
DIALYSIS UNIT , TALUKA HOSPITAL  
DIST - UTTAR KANNADA , DANDELI  
KARNATAKA -581325

Party Mobile No : 8867417094  
GSTIN / UIN :  
D.L. No. :

DANDELI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount( )
1	2	0	1*50	HBSAG Kit	30029090	OHBS-01240	Jul-2026	0.00	550.00	0.00%	5%	1,155.00
2	2	0	1*50	Hcv Kit	30029090	OHCV-01240	Jul-2026	0.00	2,650.00	0.00%	5%	5,565.00
3	2	0	1*50	HIV Kit	30029090	OHIV-01240	Jul-2026	0.00	2,600.00	0.00%	5%	5,460.00

HBSAG 100 kit  
HCV 100 kit  
HIV 100 kit  
Stock No. of Boxes Received .....  
Subject to Physical Check  
Name/Employee Code ..... Samuel  
Centre Name ..... Dandeli  
Date/Time ..... 23/11/24  
Signature ..... M. No. 8310298271



Total 12,180.00

6.00 0.00

Grand Total 12,180.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	11,600.000	580.000	580.000

**Rupees Twelve Thousand One Hundred Eighty 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 :

**For Anil Pharma****Authorised Signatory**