

3 Box

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/24-25/1975
Date of Invoice : 17-11-2024
Place of Sup : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 28351

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

Billed to : DCDC DISTRICT HOSPITAL KANNOJ
DISTRICT HOSPITAL, DIALYSIS UNIT
COMBINED DISTRICT HOSPITAL, GT ROAD
KANNOJ, UTTAR PRADESH-209727

Shipped to : DCDC DISTRICT HOSPITAL KANNOJ
DIALYSIS UNIT, DISTRICT HOSPITAL
GRAND TRUNK ROAD, KANNOJ
UTTAR PRADESH - 207727

Party Mobile No : 7253990299
GSTIN / UIN :
D.L. No. :

Party Mobile No : 9054049337
GSTIN / UIN :
D.L. No. :

KANNOJ

Table with 13 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Rows include Exam Gloves, Face Mask, Inj Avil, INJ PYREMOL, IV SET-ECO, HYPODERMIC STERILE SYRINGE, and FREIGHT CHARGES.

Total 19,114.40

Less : Rounded Off (-) 0.40

Grand Total ₹ 19,114.00

Table with 4 columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Rows for 12%, 18%, and Total.

Stock/No. of Boxes Received .....
Subject to Physical Check ✓
Name/Employee Code .....
Centre Name .....
Date/Time .....
Signature ..... M. No. 7654049337

Rupees Nineteen Thousand One Hundred Fourteen Only

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

Terms & Conditions

Goods once sold will not be taken back.
Interest @ 18% p.a. will be charged if the payment
made with in the stipulated time.
Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorised Signatory