

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/24-25/1934
 Date of Invoice : 16-11-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 28677

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

Billed to :

DCDC TALUKA HOSPITAL SHIRAHATTI
 DIALYSIS UNIT , TALUKA HOSPITAL
 DIST - GADAG , SHIRAHATTI
 KARNATAKA - 582120

Party Mobile No : 9886516063
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DCDC TALUKA HOSPITAL SHIRAHATTI
 DIALYSIS UNIT , TALUKA HOSPITAL
 DIST - GADAG , SHIRAHATTI
 KARNATAKA - 582120

Party Mobile No : 9886516063
 GSTIN / UIN :
 D.L. No. :

SHIRAHATTI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1	0		BLOOD SPILL KIT	90189029			0.00	1,850.00	0.00%	12%	2,072.00



Total 2,072.00

1.00 0.00

Stock/No. of Boxes Received
 Subject to Physical Grand Total ₹ 2,072.00
 Name/Employer Code DC03587
 Centre Name Shirahatti
 Date/Time 25/11/24 1:04pm
 Signature [Signature] M. N. 901196704

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,850.000	222.000	222.000

Rupees Two Thousand Seventy Two Only

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

Terms & Conditions

E.& 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

