

GSTIN: 07AAPP6291A1ZR

TAX INVOICE

Original Copy

Anil PharmaC- 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/24-25/1843
Date of Invoice : 14-11-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 28703Transport : DELHIVERY PRIVATE LIMITED
Vehicle No. :
Station : GADAG
E-Way Bill No. : 761477007373
PO DATE : 11-11-2024**Billed to :**DCDC DISTRICT HOSPITAL GADAG
DIALYSIS UNIT , DISTRICT HOSPITAL, ROOMParty Mobile No :
GSTIN / UIN :
D.L. No. :**Shipped to :**DCDC DISTRICT HOSPITAL GADAG
DIALYSIS UNIT , DISTRICT HOSPITAL
NEW BUILDING , ROOM NO - 423
GADAG , KARNATAKA - 582103Party 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	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

Grand Total ₹ 2,072.00

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

Stock/No. of Boxes Received 4 Box
Subject to Physical Check
Name/Employee Code DC0330
Centre Name Gadag Dt
Date/Time 14/11/2024
Signature M. No.