

AAAPPG6291A1ZR

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/24-25/1881
 Date of Invoice : 16-11-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 28649

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

Billed to :
 DCDC TALUKA HOSPITAL TALIKOTI
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - VIJAYAPURA , TALIKOTI
 KARNATKA - 586214

Shipped to :
 DCDC TALUKA HOSPITAL TALIKOTI
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - VIJAYAPURA , TALIKOTI
 KARNATKA - 586214

Party Mobile No : 7406820897
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 9148994109
 GSTIN / UIN :
 D.L. No. :

TALIKOTI

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

Stock/No. of Boxes Received 01
 Subject to Physical Check 01
 Name/Employee Code D103776
 Centre Name T.H. Talikoti
 Date/Time 23/11/24
 Signature L.S. Nigam M. No. 9148994109

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