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TAX INVOICE Anil Pharma

Original Copy

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/24-25/1895
Date of Invoice : 16-11-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 28674

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

Billed to :
DCDC TALUKA HOSPITAL KUMTA
DIALYSIS UNIT, TALUKA HOSPITAL
BAGGON CROSS , KUMTA
KARNATAKA - 581343

Shipped to :
DCDC TALUKA HOSPITAL KUMTA
DIALYSIS UNIT, TALUKA HOSPITAL
BAGGON CROSS , KUMTA
KARNATAKA - 581343

Party Mobile No : 9482001023
GSTIN / UIN :
D.L. No. :

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GSTIN / UIN :
D.L. No. :

KUMTA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	2	0	1*50	HIV Kit	30029090	OHTV-01201	May-2026	0.00	2,600.00	0.00%	5%	5,460.00
2	2	0	1*50	Hcv Kit	30029090	OHCV-01240	May-2026	0.00	2,650.00	0.00%	5%	5,565.00
3	2	0	1*50	HBSAG Kit	30029090	OHBS-01240	Jul-2026	0.00	550.00	0.00%	5%	1,155.00
4	1	0		BLOOD SPILL KIT	90189029			0.00	1,850.00	0.00%	12%	2,072.00

Stock/No. of Boxes Received 4 Box
Subject to Physical Check
Name/Employee Code DC03744
Centre Name T. H. KUMTA
Date/Time 25/11/2024 at 12:00pm
Signature [Signature] M. No. 8618520886

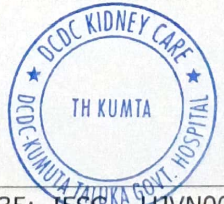
Total 14,252.00

7.00 0.00

Grand Total ₹ 14,252.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	11,600.000	580.000	580.000
12%	1,850.000	222.000	222.000
Total	13,450.000	802.000	802.000

Rupees Fourteen Thousand Two Hundred Fifty Two Only



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

Terms & Conditions
E.& O.E.
1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma
Authorised Signatory