

INVOICE

Anil Pharma

Original Copy

C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033
 Tel. : 011-41557131 email : anilpharma1997@gmail.com
 Drug Licence No. : 208-137393, 218-137394

Invoice No. : AP/24-25/1894
 Date of Invoice : 16-11-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 28419

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

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	200	0		Catherization On Kit	30059090			0.00	28.00	0.00%	12%	6,272.00
2	20	0		Exam Gloves (M)	40151200			0.00	230.00	0.00%	12%	5,152.00
3	700	0		TRANSDUCER PROTECTOR	90183930			0.00	5.00	0.00%	12%	3,920.00
4	100	0		Edta Vacutainor	90183990			13.50	6.00	0.00%	12%	672.00
5	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,899.80

Stock/No. of Boxes Received : 6 BOX
 Subject to Physical Check
 Name/Employee Code : DC03744
 Centre Name : T.R. KUMTA
 Date/Time : 25/11/2024 at 12:00pm
 Signature : [Signature] M. No. 8618520826

Add : Rounded Off (+)

Total 17,915.80
0.20

1,020.00 0.00

Grand Total ₹ 17,916.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	14,300.000	1,716.000	1,716.000
18%	1,610.000	289.800	289.800
Total	15,910.000	2,005.800	2,005.800

Rupees Seventeen Thousand Nine Hundred Sixteen Only

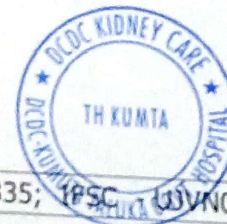
Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC : UJVN0002207

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
 [Signature]
Authorised Signatory