

1 Box

AIZR

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/24-25/1905
Date of Invoice : 16-11-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 28500

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

Billed to :
DCDC TALUKA HOSPITAL GOKAK
DIALYSIS UNIT, TALUKA HOSPITAL
GOKAK , KARNATAKA - 591307

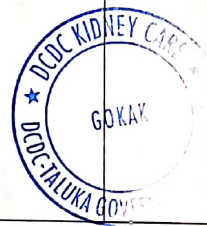
Shipped to :
DCDC TALUKA HOSPITAL GOKAK
DIALYSIS UNIT, TALUKA HOSPITAL
GOKAK , KARNATAKA - 591307

Party Mobile No : 7892208271
GSTIN / UIN :
D.L. No. :

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GSTIN / UIN :
D.L. No. :

GOKAK

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	100	0		Face Mask Non Wowwn	63079090			0.00	1.50	0.00%	5%	157.50
2	250	0		IV SET-ECO	90183990	.aiv54101	Jul-2027	0.00	6.50	0.00%	12%	1,820.00
3	250	0		TRANSDUCER PROTECTOR	90183930			0.00	5.00	0.00%	12%	1,400.00
4	100	0		Fistula Off Kit	30059040			0.00	7.00	0.00%	12%	784.00
5	100	0		Fistula On Kit	30059040			0.00	7.00	0.00%	12%	784.00
6	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,132.80



Total 6,078.30
Less : Rounded Off (-) 0.30

800.00 0.00

Grand Total ₹ 6,078.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	150.000	7.500	7.500
12%	4,275.000	513.000	513.000
18%	960.000	172.800	172.800
Total	5,385.000	693.300	693.300

Rupees Six Thousand Seventy Eight Only

Stock/No. of Boxes Received 1 Box
Subject to Physical Check
Name/Employee Code 0103589
Centre Name G.H. GOKAK
Date/Time 23/11/2024
Signature M. No. 7892208271

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
Authorized Signatory
ANIL PHARMA
GOKAK
DELHI