

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/24-25/1907
 Date of Invoice : 16-11-2024
 Place of Supply : Karnataka (29)
 GR/RR No. : 28673
 PO NO. :

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

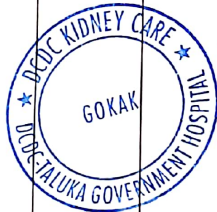
Billed to :
 DCDC TALUKA HOSPITAL GOKAK
 DIALYSIS UNIT, TALUKA HOSPITAL
 GOKAK , KARNATAKA - 591307

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					HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
S.N.	Qty.	Free	Pack	Products Name								
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

Stock/No. of Boxes Received 1 Box
 Subject to Physical Check
 Name/Employee Code 0103589
 Centre Name H-UKK
 Date/Time 23/11/24
 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
 Authorised Signatory

