

GSTIN: 07AAPP6291A1ZR

TAX INVOICE

Original Copy

Anil PharmaC- 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/24-25/1844
Date of Invoice : 14-11-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 28601Transport : DELHIVERY PRIVATE LIMITED
Vehicle No. :
Station : GADAG
E-Way Bill No. : 701477007841
PO DATE : 09-11-2024**Billed to :**DCDC DISTRICT HOSPITAL GADAG
DIALYSIS UNIT , DISTRICT HOSPITAL, ROOM**Shipped to :**DCDC DISTRICT HOSPITAL GADAG
DIALYSIS UNIT, DISTRICT HOSPITAL
NEW BUILDING , ROOM NO - 423
GADAG , KARNATAKA - 582103Party Mobile No :
GSTIN / UIN :
D.L. No. :Party Mobile No : 7353366691
GSTIN / UIN :
D.L. No. :

GADAG

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	100	0		Inj Deriph Etophyline & Theoph	30049099	FF-204	May-2026	0.00	4.60	0.00%	12%	515.20
2	100	0		Inj Avil (Revil)	30049039	M.259	Jun-2026	0.00	3.30	0.00%	12%	369.60



Total 884.80

Add : Rounded Off (+)

0.20

200.00 0.00

Grand Total ₹ 885.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	790.000	94.800	94.800

Rupees Eight Hundred Eighty Five 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

Stock/No. of boxes Received 4 Box
 Subject to Physical Check
 Name/Employee Code DL03310
 Centre Name Gadag Distt
 Date/Time 14/11/2024
 Signature M. N. S.

