

GSTIN : 07AAPP6291A1ZR

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/24-25/1916
Date of Invoice : 16-11-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 28637

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

Billed to :

DCDC TALUKA HOSPITAL CHIKKODI
DIALYSIS UNIT, TALUKA HOSPITAL MN ROAD,

Shipped to :

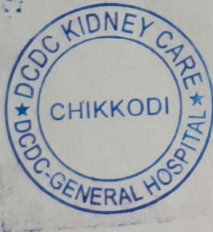
DCDC TALUKA HOSPITAL CHIKKODI
DIALYSIS UNIT, TALUKA HOSPITAL
MN ROAD, NEAR BUS STOP
CHIKKODI, KARNATAKA - 591201

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

Party Mobile No : 8880215789
GSTIN / UIN :
D.L. No. :

CHIKKODI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1	0	1*50	HIV Kit	30029090	OHIV-01240	Jul-2026	0.00	2,600.00	0.00%	5%	2,730.00
2	1	0	1*50	Hcv Kit	30029090	OHCV-01240	May-2026	0.00	2,650.00	0.00%	5%	2,782.50
3	1	0	1*50	HBSAG Kit	30029090	OHBS-01240	Jul-2026	0.00	550.00	0.00%	5%	577.50



Stock/No. of Boxes Received 01
Subject to Physical Check
Name/Employee Code DC3530
Centre Name CHIKKODI
Date/Time 25/11/24
Signature M. No. 8880215789

Total 6,090.00

3.00 0.00

Grand Total ₹ 6,090.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	5,800.000	290.000	290.000

5% 5,800.000 290.000 290.000

Rupees Six Thousand Ninety 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

