

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. : 208-137393, 218-137394

Invoice No. : AP/24-25/1791
 Date of Invoice : 13-11-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 28629

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

Billed to :
 DCDC TALUKA HOSPITAL SAVADATTI
 DIALYSIS UNIT , TALUKA HOSPITAL
 SAVADATTI , KARNATAKA - 591126

Shipped to :
 DCDC TALUKA HOSPITAL SAVADATTI
 DIALYSIS UNIT , TALUKA HOSPITAL
 SAVADATTI , KARNATAKA - 591126

Party Mobile No : 8861302728
 GSTIN / UIN :
 D.L. No. :

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 GSTIN / UIN :
 D.L. No. :

SAVADATTI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1	0	1*50	HIV Kit	30029090	OHCV-01201	May-2026	0.00	2,600.00	0.00%	5%	2,730.00
2	1	0	1*50	HBSAG Kit	30029090	OHBS-01240	Jul-2026	0.00	550.00	0.00%	5%	577.50
3	1	0	1*50	Hcv Kit	30029090	OHCV-01240	May-2026	0.00	2,650.00	0.00%	5%	2,782.50

Total 6,090.00

3.00 0.00

Grand Total ₹ 6,090.00

Tax Rate Taxable Amt. IGST Amt. Total Tax
 5% 5,800.00 290.00 290.00

Rupees Six Thousand Ninety Only

Stock No. of Bill : 3602
 Subject to Physical Check
 Name/Employer Code : P. K. Savadatti
 Centre Name : P. K. Savadatti

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 within the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma
 Authorised Signatory

