

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/24-25/1941
Date of Invoice : 16-11-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 28655Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 09-11-2024

Billed to :

DCDC TALUKA HOSPITAL BASAVAN BAGEVADI
DIALYSIS UNIT , TALUKA HOSPITAL
VIAJAYAPURA ROAD , DIST - VIJAYAPURA
BASAVAN BAGEWADI , KARNATAKA- 586203

Shipped to :

DCDC TALUKA HOSPITAL BASAVAN BAGEVADI
DIALYSIS UNIT , TALUKA HOSPITAL
VIAJAYAPURA ROAD , DIST - VIJAYAPURA
BASAVAN BAGEWADI , KARNATAKA- 586203Party Mobile No : 6362316903
GSTIN / UIN :
D.L. No. :Party Mobile No : 6362316903
GSTIN / UIN :
D.L. No. :

BASAVAN BAGEWADI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1	0		BLOOD SPILL KIT	90189029			0.00	1,850.00	0.00%	12%	2,072.00



Stock/No. of Boxes Received 01 Box
 Subject to Physical Check
 Name/Employee Code Smt. Banayya / DC03690
 Centre Name J.P. Basavan Bagevadi
 Date/Time 23/11/24 12 P.M.
 Signature [Signature] M. No. 6362316903

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

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
 [Signature]
 Authorised Signatory

