

TIN : 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/2022-23/945	Transport : N/A
Date of Invoice : 22-12-2022	Vehicle No. :
Place of Supply : Uttar Pradesh (09)	Station : MAINPURI
GR/RR No. :	E-Way Bill No. :
PO NO. : 21084-2	PO DATE : 09-12-2022

<p>Billed to : DCDC DISTRICT HOSPITAL MAINPURI DIALYSIS CENTER, MAHARAJA TEJ PRATAP SINGH DISTRICT HOSPITAL, MAINPURI UTTAR PRADESH-205001</p> <p>Party Mobile No : 9713740406 GSTIN / UIN : D.L. No. :</p>	<p>Shipped to : DCDC DISTRICT HOSPITAL MAINPURI DIALYSIS CENTER, MAHARAJA TEJ PRATAP SINGH DISTRICT HOSPITAL, MAINPURI UTTAR PRADESH-205001</p> <p>Party Mobile No : 9713740406 GSTIN / UIN : D.L. No. :</p>
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MAINPURI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
✓ 1	4	0		NEEDLE CUTTER 3LTR	9018			0.00	2,300.00	0.00%	12%	10,304.00

Total 10,304.00

Add : Freight & Forwarding Charges 500.00

4.00 0.00

Grand Total 10,804.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	9,200.000	1,104.000	1,104.000

Rupees Ten Thousand Eight Hundred Four 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

DCDCHSPL CENTRE-DIST. HOSPITAL MAINPURI
MATERIAL RECEIVED

DATE 22/12/2022