

Jai Maa Bhagwati

• Original : White • Duplicate : Pink • Office Copy : Yellow

GSTIN- 09BCLPK8418G1Z9

GST INVOICE

M.- 9837792925

DL No. 218/2008
2220/2008

A-VON MEDICAL AGENCIES

Supplier of: SURGICAL GOODS AND MEDICINES

98, BSA Compound, First Floor, Zila Parishad Market, Muzaffarnagar - 251001

Reverse Charge : Yes / No **129**

Dated

For A-VON MEDICAL AGENCIES

Invoice No.

29.06.2023

M/SOM

State: U.P.

State Code : 09

Auth. Signatory

Detail of Receiver (Billed to)

Name : *De De Health Care P.V.L.T.D*

Address : *B.22 New Malhan Nagar OPP Metro Pillar H.No. 225 235 delhi, Pashimpur*

GSTIN Number : *A.A.F.C.000204K*

D.L. No. :

State: *delhi*

State Code : 07

S. No.	Description of Goods	Qty.	Batch No.	HSN Code (GST)	UOM	Expiry	Rate	Amount
1	<i>N.S 100 ML</i>	<i>100</i>	<i>E234 3A001</i>	<i>3009</i>		<i>Dec 25</i>	<i>14</i>	<i>1400</i>
2	<i>N.S 1000 ML</i>	<i>300</i>	<i>E23A 035</i>	<i>3004</i>		<i>Dec 25</i>	<i>32.50</i>	<i>9750</i>
3	<i>N.S 500 ML</i>	<i>300</i>	<i>E23E 035</i>	<i>3006</i>		<i>Feb 26</i>	<i>21</i>	<i>6300</i>
4	<i>O257. 100 ML</i>	<i>100</i>	<i>DK20 376</i>	<i>3009</i>		<i>Oct 24</i>	<i>15</i>	<i>1500</i>
Stock/No. of Boxes Received Subject to Physical Check <i>ok</i> Name/Employee Code <i>1004</i> Centre Name <i>Muzaffarnagar, Uttar</i> Date/Time <i>29/6/23</i> Signature <i>[Signature]</i> M. No. <i>26347209102</i>								
Total								<i>10950</i>
(-) Less Discount @%								<i>—</i>
Total After Discount								<i>—</i>
Add. CGST @								<i>—</i>
Add. SGST @								<i>—</i>
Add. IGST @ <i>12%</i>								<i>2274</i>
Tax Amount: GST								
Total Amount After Tax								<i>21224</i>
GST Payable on Reverse Charge								

Bank Details
Account No.
IFSC Code:

Total Invoice Amount in words:

*Twenty one thousand two hundred
Twenty four only*

Transportation Mode Vehicle No.

Date of Supply Place of Supply

→ EWAY BILL NO.

E.&O.E.

For A-VON MEDICAL AGENCIES

M/SOM

Auth. Signature