

3 Box

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/24-25/102
Date of Invoice : 12-04-2024
Place of Supply : Haryana (06)
GR/RR No. :
PO NO. : 25829

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 05-04-2024

Billed to :
DCDC CIVIL HOSPITAL JHAJJAR
CIVIL HOSPITAL
JHAJJAR
HARYANA-124106

Shipped to :
DCDC CIVIL HOSPITAL JHAJJAR
DIALYSIS UNIT, CIVIL HOSPITAL
JHAJJAR , HARYANA - 124106

Party Mobile No : 8506043007
GSTIN / UIN :
D.L. No. :

Party Mobile No : 8506000851
GSTIN / UIN :
D.L. No. :

JHAJJAR

Table with 12 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Contains 17 rows of product details including items like BLUE PUNCTURE 10LTR, BUFFANT CAP, EXAM GLOVES (M), etc.

Centre Name CH. JHAJJAR
Date/Time 21/04/24
Signature A M. No. 7419337105

Total 33,547.34
Less : Rounded Off (-) 0.34

1,915.00 0.00

Grand Total ₹ 33,547.00

Table with 4 columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Rows for 12%, 5%, and 18% tax rates.

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