

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/24-25/1519
 Date of Invoice : 15-10-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 28001

Transport : DELHIVERY PRIVATE LIMITED
 Vehicle No. :
 Station : KUSHINAGAR
 E-Way Bill No. : 701468555838
 PO DATE : 04-10-2024

Billed to :

DCDC DISTRICT HOSPITAL KUSHINAGAR
 COMBINED DISTRICT HOSPITAL
 RABINDRA NAGAR ROAD,
 RABINDRA NAGAR DHOOS KUSHI NAGAR
 UTTAR PRADESH-274402

Party Mobile No : 8506007856
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DCDC DISTRICT HOSPITAL KUSHINAGAR
 DIALYSIS UNIT, DISTRICT HOSPITAL
 RAVINDARA DHUS , PADRAUNA
 KUSHINAGAR , UTTAR PRADESH - 274304

Party Mobile No : 8506007856
 GSTIN / UIN :
 D.L. No. :

KUSHINAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	6	0	1*50	HBSAG CARD TEST 50TEST FASTVU	30029090	OHBS-01240	Jul-2026	0.00	550.00	0.00%	5%	3,465.00
2	6	0	1*50	HCV CARD TEST 50TEST FAST VUE	30029090	OHCV-01240	May-2026	0.00	2,650.00	0.00%	5%	16,695.00
3	6	0	1*50	HIV 1/2 CARD TEST 50TEST FAST	30029090	OHIV-01201	May-2026	0.00	2,600.00	0.00%	5%	16,380.00

Stock/No. of Boxes Received 3
 Subject to Physical Check
 Name/Employee Code DC0246
 Centre Name KSH
 Date/Time 24/10/24
 Signature M. No. 701468555838

Total 36,540.00

18.00 0.00

Grand Total ₹ 36,540.00

Tax Rate Taxable Amt. IGST Amt. Total Tax
 5% 34,800.000 1,740.000 1,740.000

Rupees Thirty Six Thousand Five Hundred Forty 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 :

ANIL PHARMA
 For Anil Pharma
 Authorised Signatory