

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

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/24-25/1499 Date of Invoice : 11-10-2024 Place of Supply : Telangana (36) GR/RR No. : PO NO. : 27967	Transport : N/A Vehicle No. : Station : KORUTLA E-Way Bill No. : PO DATE : 04-10-20204
Billed to : DCDC CHC HOSPITAL KORUTLA DIALYSIS UNIT , COMMUNITY HEALTH CENTER KORUTLA , DISTT. JAGTIAL TEGANGANA- 505326 Party Mobile No : 8588850032 GSTIN / UIN : D.L No. :	Shipped to : DCDC CHC HOSPITAL KORUTLA DIALYSIS UNIT, COMMON HEALTH CENTER DIST - JAGTIAL , KORUTLA TELANGANA - 505326 Party Mobile No : 9676017674 GSTIN / UIN : D.L No. :

KORUTLA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount
1	6	0	1*100	HMD 5ML SYRING	90183100	420056NC2	Apr-2029	6.50	345.00	0.00%	12%	2,318.40

Stock/No. of Boxes Received : 1
 Subject to Physical Check
 Name/Employee Code :
 Centre Name : Rama Reddy
 Date/Time : 10/10/24
 Signature : [Signature] M. No. : 9676017674

Total 2,318.40
 0.40

Less : Rounded Off (-)

Grand Total 2,318.00

6.00 0.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	2,070,000	248,400	248,400

Rupees Two Thousand Three Hundred Eighteen Only

Bank Details : UJIVAN SMALL FINANCE BANK, A/c : 2207120040000335; IFSC - UJWN0002207

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