

5 Box

Original Copy

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/24-25/1617
 Date of Invoice : 22-10-2024
 Place of Supply : Telangana (36)
 GR/RR No. :
 PO NO. : 27815

Transport : N/A
 Vehicle No. :
 Station : KORUTLA
 E-Way Bill No. :
 PO DATE : 04-10-2024

Billed to :
 DCDC CHC HOSPITAL KORUTLA
 DIALYSIS UNIT , COMMUNITY HEALTH CENTER
 KORUTLA , DISTT. JAGTIAL
 TEGANGANA-505326

Shipped to :
 DCDC CHC HOSPITAL KORUTLA
 DIALYSIS UNIT, COMMON HEALTH CENTER
 DIST - JAGTIAL , KORUTLA
 TELANGANA - 505326

Party Mobile No : 8588850032
 GSTIN / UIN :
 D.L. No. :

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	30	0	1*50	HMD 10ML SYRING	90183100	442102JC2	Sep-2029	0.00	247.50	0.00%	12%	8,316.00
2	500	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	3,920.00
3	500	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	3,920.00
4	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	2,147.60
											Total	18,303.60

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
Handwritten notes: Damaged 2 boxes, 28/10/2024, 5:00 PM, M. No. 9676017674.

Add : Rounded Off (+)

Grand Total ₹ 18,304.00

1,030.00 0.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	14,425.000	1,731.000	1,731.000
18%	1,820.000	327.600	327.600
Total	16,245.000	2,058.600	2,058.600

Rupees Eighteen Thousand Three 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