

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate Copy

## Anil Pharma

C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033

Tel : 011-41557131 email : anilpharma1997@gmail.com

Drug Licence No. : 200-137293, 218-137294

Invoice No. : AP/24-25/1577  
 Date of Invoice : 17-10-2024  
 Place of Supply : Delhi (07)  
 GR/RR No. :  
 PO NO. : 27709

Transport : BY HAND  
 Vehicle No. : DL01LQ8103  
 Station : HAUZ KHAS  
 E-Way Bill No. : 791469463805  
 PO DATE : 04-10-2024

**Billed to :**  
 DCDC HEALTH SERVICE PVT LTD  
 C-165, FIRST FLOOR, MAYAPURI INDUS.  
 AREA PHASE-2, MAYAPURI  
 NEW DELHI-110064

**Shipped to :**  
 DCDC HEALTH SERVICE PVT LTD  
 DIALYSIS UNIT, NATIONAL HEART INSTITUTE  
 A - 49 50, COMMUNITY CENTER  
 HAUZ KHAS, NEW DELHI - 110065

Party Mobile No : 9811561247  
 GSTIN / UIN :  
 D.L. No. :

Party Mobile No : 8779590858  
 GSTIN / UIN :  
 D.L. No. :

NH1

S.N.	Qty.	Free Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	400	0	FITSULA OFF KIT	30059040			0.00	7.00	0.00%	6%+6%	3,136.00
2	200	0	FITSULA ON-KIT	30059040			0.00	7.00	0.00%	6%+6%	1,568.00
3	20	0	2% MCDIOLAM 10% (MDFK)	30049099	24157	Apr-2026	0.00	45.50	0.00%	6%+6%	1,019.20
4	1	0	2% BEVAC 10ML	30022012	23080223A	May-2026	0.00	595.00	0.00%	2%+2%	624.75
5	200	0	NON WOVEN BED SHEET	63071030			0.00	13.00	0.00%	2%+2%	2,730.00

Total 9,077.95

Add : Rounded Off (+)

0.05

₹21.00 0.00

Grand Total ₹ 9,078.00

Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
12%	5,110.500	306.600	306.600	613.200
5%	3,195.000	79.875	79.875	159.750
<b>Total</b>	<b>8,305.500</b>	<b>386.475</b>	<b>386.475</b>	<b>772.950</b>

Rupees Nine Thousand Seventy Eight Only

Signature of Dealer/Received

Subject to Physical Check

Name Employee Card

Date Name

Date Time

Signature

Abhishek / DC 03155

N.H.T

18/10/24 11:00pm

9873235742

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC : UJVND002207

Terms &amp; Conditions

E &amp; O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.
- Subject to Delhi Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorized Signatory