

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. : 20B-137393, 21B-137394

Invoice No. : AP/24-25/902
Date of Invoice : 07-08-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 26955

Transport : BY HAND
Vehicle No. : DL01LU1054
Station : NOIDA
E-Way Bill No. : 761449161384
PO DATE : 05-08-2024

Billed to :
DCDC YATHARTHA NOIDA
DIALYSIS UNIT, YATHARTH HOSPITAL
PLOT NO-01, SECTOR - 110,
NOIDA , UTTAR PRADESH - 201304

Shipped to :
DCDC YATHARTHA NOIDA
DIALYSIS UNIT, YATHARTH HOSPITAL
PLOT NO-01, SECTOR - 110,
NOIDA , UTTAR PRADESH - 201304

Party Mobile No : 7898867194
GSTIN / UIN :
D.L. No. :

Party Mobile No : 7898867194
GSTIN / UIN :
D.L. No. :

YATHARTH

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	400	0		IV SET-ECO	90183990	Rem.54115	Jan-2027	0.00	6.50	0.00%	12%	2,912.00
2	700	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	5,488.00
3	500	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	3,920.00
4	40	0		EXAM GLOVES (M)	40151200			0.00	230.00	0.00%	12%	10,304.00
5	40	0		MICROPORE 3"	30059060	2407102	Jun-2027	0.00	75.00	0.00%	12%	3,360.00
6	1,000	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	1,575.00
7	10	0	1*50	GB MAXIM 10ML SYRINGE	90183100	A1101024B0	Jan-2029	0.00	175.00	0.00%	12%	1,960.00

Stock/No. of Boxes Received 4 Box

Subject to Physical Check DC02774

Name/Employee Code Yatharth Hospital (Noida)

Centre Name Yatharth Hospital (Noida)

Date Time 8/8/2024 11:45 AM

Signature [Signature] M. No. 7898867194

Total 29,519.00

2,690.00 0.00

Grand.Total ₹ 29,519.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	24,950.000	2,994.000	2,994.000
5%	1,500.000	75.000	75.000
Total	26,450.000	3,069.000	3,069.000

Rupees Twenty Nine Thousand Five Hundred Nineteen 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
DELHI