

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/24-25/073
 Date of Invoice : 10-04-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 25873

Transport : BY HAND
 Vehicle No. : DL01LT8750
 Station : NOIDA
 E-Way Bill No. : 731419680766
 PO DATE : 05-04-2024

Billed to :

DCDC YATHARTHA NOIDA
 YATHARTHA HOSPITAL NOIDA

Shipped to :

DCDC YATHARTHA NOIDA
 DIALYSIS UNIT YATHARTH HOSPITAL
 PLOT NO-01, SECTOR-110 , NEAR MAHARISHI
 ASHRAM, NOIDA, UTTAR PRADESH - 201304

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

Party Mobile No : 7697109398
 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	9018	HCR23030	Feb-2027	0.00	6.50	0.00%	12%	2,912.00
2	1,000	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
3	500	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	3,920.00
4	40	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	10,304.00
5	40	0		MICROPORE 3"	3005	2401253	Dec-2026	0.00	75.00	0.00%	12%	3,360.00
6	500	0		SHOE COVER	3901			0.00	1.95	0.00%	18%	1,150.50
7	10	0	1*50	HYPODERMIC STERILE SYRINGE 10M	9018	68512023	Nov-2028	0.00	175.00	0.00%	12%	1,960.00

Stock/No. of Boxes Received 5 Box
 Subject to Physical Check
 Name/Employee Code SC0274
 Centre Name Yatharth Hospital Noida
 Date/Time 11/12/24 10:40 AM
 Signature [Signature] M. No. 7898867194

Total 31,446.50
 Add : Rounded Off (+) 0.50

2,490.00 0.00

Grand Total ₹ 31,447.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	27,050.000	3,246.000	3,246.000
18%	975.000	175.500	175.500
Total	28,025.000	3,421.500	3,421.500

Rupees Thirty One Thousand Four Hundred Forty Seven 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 within the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma
 [Signature]
 Authorised Signatory