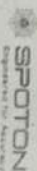
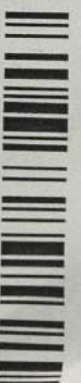


DELHIIVERY



Created Date: 15/10/24
Pickup Date: 16/10/24

270739420



270739420

SELF DROP

SELF COLLECT

SHIPMENT PICKED FROM:

Shipper's Name: JYOTILOGISTICSRP B2BRC

SHIPMENT DELIVERED TO:

Shipper's phone no:
Street Name: B-15 GROUND FLOOR MAHENDRA PARK THEKE WALA ROAD OPP.
MILLOR NO.114

Recipient's Name: DCDC URMILA HOSPITAL BHATAGAON, DCDC URMILA HOSPITAL BHATAGAON

City: Delhi State: Delhi Postal Code: 110033

Recipient's phone no.:

STIN: 07AAPP6291A1ZR
SHIPMENT INFORMATION

Street Name: DIALYSIS UNIT URMILA MEMORIAL HOSPITAL NAHAR ROAD NEAR ISBT DHEBAR CITY BHATGAON

SHIPPER'S REFERENCE NO.: ANIL PHARMA

City: Raipur State: Chhattisgarh Pincode: 493222

INVOICE NO.: AP/2425/1535

MOT: Road ROV: BY SHIPPER

EWBN: Freight Payment: FOP Invoice Value Payment: Pre-paid

Address/Store Code: ALL OKAY

SHORT BOX?

Date of receipt:

TOTAL INVOICE VALUE: 11390.0

MASTER AWB: 32289310031592

POD on Invoice: Not required

POD REMARKS

If yes, number of short boxes: _____

Time of receipt:

BOXES x DIMENSION (LxWxH) cm

ACTUAL WEIGHT(kg)

SAID TO CONTAIN

L Box: 55x50x36

21.04

MEDICINE

L Box: 53x37x20

L Box: 40x37x26

RECEIVER'S SIGN:

DAMAGED CONTENT?

ITEMS MISSING IN RECEIVED BOXES?

STAMP/SEAL: _____

If yes, number of boxes having damaged content: _____

If yes, mention the AWB no(s) of boxes having pilferage: _____

TOTAL NUMBER OF BOXES: 3

REQUIRED SIGNATURE - ORIGIN: _____

DELHIIVERY EMP ID: _____

SHIPPER'S SIGN: _____

If yes, number of short items: _____
Please describe the short items: _____

OR, phone no in lieu of stamp: _____

DELHIIVERY LIMITED
REGISTERED OFFICE: N24-N34, S24-S34, Air Cargo Logistics Centre-II, Opposite Gate 6 Cargo Terminal, ICI Airport, New Delhi, India (110037)
TRANSPORTER ID: 06AAPCS9575E1ZR
TIN No: U63090D12011PTC21234
PAN: AAPCS9575E

SPOTON LOGISTICS PVT LTD (Formerly Startrek Logistics Pvt Ltd)
REGISTERED OFFICE: Thanavau, 23/24, Infantary Road, Bengaluru, India (560001)
TRANSPORTER ID: 29AAQCS5815Q1Z1
TIN No: U63090GJ2011PTC108834
PAN: AAQCS5815Q

For terms and conditions visit www.delhiivery.com

Document Type: SHIPPER COPY
Printed on 23-Oct-2024 11:39 AM

Delhi

3 Box

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/24-25/1535
 Date of Invoice : 15-10-2024
 Place of Supply : Chhattisgarh (22)
 GR/RR No. :
 PO NO. : 27806

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

Billed to :

DCDC URMILA MEMORIAL HOSPITAL BHATAGAON
 DIALYSIS UNIT, URMILA MEMORIAL HOSPITAL
 NAHAR ROAD, NEAR ISBT, DHEBAR CITY
 BHATAGAON , CHHATTISGARH - 493222

Party Mobile No : 9050092608
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DCDC URMILA MEMORIAL HOSPITAL BHATAGAON
 DIALYSIS UNIT, URMILA MEMORIAL HOSPITAL
 NAHAR ROAD, NEAR ISBT, DHEBAR CITY
 BHATAGAON , CHHATTISGARH - 493222

Party Mobile No : 7999223892
 GSTIN / UIN :
 D.L. No. :

BHATAGAON

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	300	0		IV SET-ECO	90183990	AIV54101	Jul-2027	0.00	6.50	0.00%	12%	2,184.00
2	10	0		EXAM GLOVES (M)	40151200			0.00	230.00	0.00%	12%	2,576.00
3	100	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	157.50
4	16	0	1*25	HYPODERMIC 20ML SYRINGE	90183100			0.00	250.00	0.00%	12%	4,480.00
5	2	0		GAUZE CLOTH	58031010			850.00	165.00	0.00%	12%	369.60
6	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,622.50

Total 11,389.60

Add : Rounded Off (+)

0.40

428.00 0.00

Grand Total ₹ 11,390.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	8,580.000	1,029.600	1,029.600
5%	150.000	7.500	7.500
18%	1,375.000	247.500	247.500
Total	10,105.000	1,284.600	1,284.600

Stock/No. of Boxes Received 3 box
 Subject to Physical Check
 Name/Employee Code DC03620
 Centre Name URMILA MEMORIAL HOSPITAL
 Date/Time 23.10.2024
 Signature M. No. 7999223892

Rupees Eleven Thousand Three Hundred Ninety 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 with in the stipulated time.
 - Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma
 Authorised Signatory



275
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