

258966379

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

30/5

Invoice No. : AP/24-25/220	Transport : N/A
Date of Invoice : 07-05-2024	Vehicle No. :
Place of Supply : Karnataka (29)	Station :
GR/RR No. :	E-Way Bill No. :
PO NO. : 25993	PO DATE : 03-05-2024

<b>Billed to :</b> DCDC DISTRICT HOSPITAL DHARWAD DIALYSIS UNIT, DISTRICT HOSPITAL, ROOM N	<b>Shipped to :</b> DCDC DISTRICT HOSPITAL DHARWAD DIALYSIS UNIT, DISTRICT HOSPITAL ROOM NO. 52 KILLA ROAD , DHARWAD KARNATKA - 580001
Party Mobile No : GSTIN / UIN : D.L. No. :	Party Mobile No : 7899464460 GSTIN / UIN : D.L. No. :

DHARWAD

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount ( )
1	8	0	1*50	HYPODERMIC STERILE SYRINGE 10M	9018	11803024	Feb-2029	0.00	175.00	0.00%	12%	1,568.00
2	2	0		DYNAPLAST	3005		---	0.00	149.50	0.00%	12%	334.88
3	200	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	315.00
4	500	0		IV SET-ECO	9018	HCR23030	Feb-2027	0.00	6.50	0.00%	12%	3,640.00
5	50	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	12,880.00
6	30	0		PAPER TAPE 2" 9.1MTR	30059060	MST 231111	Oct-2026	0.00	46.60	0.00%	12%	1,565.76
7	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	2,672.70

Total 22,976.34  
Less : Rounded Off (-) 0.34

790.00 0.00 Grand Total 22,976.00

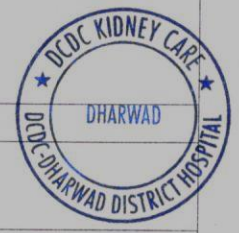
Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	17,847.000	2,141.640	2,141.640
5%	300.000	15.000	15.000
18%	2,265.000	407.700	407.700
<b>Total</b>	<b>20,412.000</b>	<b>2,564.340</b>	<b>2,564.340</b>

Rupees Twenty Two Thousand Nine Hundred Seventy Six 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



Stock/No. of Boxes Received .....  
Subject to Physical Check  
Name/Employee Code .....  
Signature Name .....  
Date .....

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Stock/No. of Boxes Received ..... 03  
Subject to Physical Check  
Name/Employee Code ..... DC03365  
Centre Name .....  
Date .....