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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/24-25/389
 Date of Invoice : 03-06-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 26229

Transport : DELHIVERY PRIVATE LIMITED
 Vehicle No. :
 Station : ALIGARH
 E-Way Bill No. : 781433000130
 PO DATE : 30-05-2024

Billed to :

DCDC NARAYANI HOSPITAL ALIGARH
 DIALYSIS UNIT, NARAYANI HOSPITAL
 NEAR ATRAULI BUS STAND, GULZAR NAGAR
 ALIGARH , UTTAR PRADESH - 202001

Party Mobile No : 7253990299
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DCDC NARAYANI HOSPITAL ALIGARH
 DIALYSIS UNIT, NARAYANI HOSPITAL
 NEAR ATRAULI BUS STAND, GULZAR NAGAR
 ALIGARH , UTTAR PRADESH - 202001

Party Mobile No : 7253990299
 GSTIN / UIN :
 D.L. No. :

ALIGARH

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	2	0	1*50	HBSAG CARD TEST 50TEST FASTVU	30029090	OHBS012400	Feb-2026	0.00	550.00	0.00%	5%	1,155.00
2	2	0		HIV 1/2 CARD TEST 50TEST FAST	30029090	OHIV012400	Feb-2026	0.00	2,600.00	0.00%	5%	5,460.00
3	2	0		HCV CARD TEST 50TEST FAST VUE	30029090	OHCV012400	Feb-2026	0.00	2,650.00	0.00%	5%	5,565.00

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

Total 12,180.00

6.00 0.00

Grand Total ₹ 12,180.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	11,600.000	580.000	580.000

Rupees Twelve Thousand One Hundred Eighty 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