

7AAPP6291A1ZR

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/24-25/391
 Date of Invoice : 03-06-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 26231

Transport : DELHIVERY PRIVATE LIMITED
 Vehicle No. :
 Station : ALIGARH
 E-Way Bill No. : 781433001711
 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	80	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	20,608.00

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

Total 20,608.00

80.00 0.00

Grand Total ₹ 20,608.00

Tax Rate Taxable Amt. IGST Amt. Total Tax
 12% 18,400.000 2,208.000 2,208.000

Rupees Twenty Thousand Six Hundred Eight 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