

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/24-25/179
 Date of Invoice : 22-04-2024
 Place of Supply : Haryana (06)
 GR/RR No. :
 PO NO. : 25814

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 12-04-2024

Billed to :
 DCDC CIVIL HOSPITAL KAITHAL
 CIVIL HOSPITAL KAITHAL
 HARYANA-136027

Shipped to :
 DCDC CIVIL HOSPITAL KAITHAL
 DIALYSIS UNIT , CIVIL HOSPITAL
 HUDA SECTOR 18, PATTI GADAR
 KAITHAL , HARYANA - 136027

Party Mobile No : 9896788553
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 9728244777
 GSTIN / UIN :
 D.L. No. :

KAITHAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(`)
1	30	0		DIALYZER BOX	3923			0.00	230.00	0.00%	18%	8,142.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,032.50

Stock/No. of Boxes Received Two
 Subject to Physical Check
 Name/Employee Code Hary. 10102754
 Centre Name (DCDC) C.H. Kaithal
 Date/Time 22/4/24
 Signature [Signature] M. No. 8506000651

Total 9,174.50

Add : Rounded Off (+)

0.50

30.00 0.00

Grand Total 9,175.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
18%	7,775.000	1,399.500	1,399.500

Rupees Nine Thousand One Hundred Seventy Five 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