

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/24-25/1245
 Date of Invoice : 11-09-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 27479

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 04-09-2024

Billed to :

DCDC TALUKA HOSPITAL HALIYAL
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - UTTAR KANNADA, HALIYAL
 KARNATKA - 581329

Shipped to :

DCDC TALUKA HOSPITAL HALIYAL
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - UTTAR KANNADA, HALIYAL
 KARNATKA - 581329

Party Mobile No : 9449373161
 GSTIN / UIN :
 D.L. No. :

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 GSTIN / UIN :
 D.L. No. :

HALIYAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	50	0		G PLAST	90189099	2405DF0	Apr-2029	0.00	68.00	0.00%	12%	3,808.00
2	20	0		Povinzan M/B Powder	30049087	N0140824	Jul-2027	45.00	15.00	0.00%	12%	336.00
											Total	4,144.00

70.00 0.00

Grand Total

4,144.00

Tax Rate Taxable Amt. IGST Amt. Total Tax
 12% 3,700.000 444.000 444.000

Rupees Four Thousand One Hundred Forty Four 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 01
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No.

