

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/24-25/360  
Date of Invoice : 21-05-2024  
Place of Supply : Karnataka (29)  
GR/RR No. :  
PO NO. : 26200

Transport : DELHIVERY PRIVATE LIMITED  
Vehicle No. :  
Station : KARWAR  
E-Way Bill No. : 751429578994  
PO DATE : 14-05-2024

**Billed to :**  
DCDC DISTRICT CIVIL HOSPITAL KARWAR  
DIALYSIS UNIT, DISTRICT CIVIL HOSPITAL K

**Shipped to :**  
DCDC DISTRICT CIVIL HOSPITAL KARWAR  
DIALYSIS UNIT, DISTRICT HOSPITAL  
KARWAR , KARNATKA - 581301

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

Party Mobile No : 8746959190  
GSTIN / UIN :  
D.L. No. :

KARWAR				Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount( ' )
S.N.	Qty.	Free	Pack									
1	20	0		EXAM GLOVES (S)	4015			0.00	230.00	0.00%	12%	5,152.00
2	50	0		INJ ONDION ( EMSET )	30049069	MN23337C	Nov-2025	0.00	4.80	0.00%	12%	268.80
											<b>Total</b>	<b>5,420.80</b>

Add : Rounded Off (+)

**Grand Total** 5,421.00

70.00 0.00

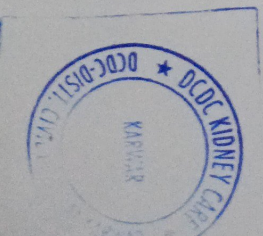
**Tax Rate** Taxable Amt. IGST Amt. Total Tax  
12% 4,840.000 580.800 580.800

**Rupees Five Thousand Four Hundred Twenty One 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 1 box  
Subject to Physical Check  
Name/Employee Code DC03418  
Centre Name Karwar  
Date/Time 28/5/24  
Signature [Signature] M. No. 8746959190