

2 box

Original Copy

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

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/24-25/1655
Date of Invoice : 23-10-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 27910

Transport : N/A
Vehicle No. :
Station : SIDDHARTH NAGAR
E-Way Bill No. :
PO DATE : 04-10-2024

Billed to :
DCDC DISTRICT HOSPITAL SIDHARTH NAGAR
DISTRICT HOSPITAL,
SIDHARTH NAGAR MUDILA, NAUGARH
UTTAR PRADESH-272207

Party Mobile No : 9506254443
GSTIN / UIN :
D.L. No. :

Shipped to :
DCDC DISTRICT HOSPITAL SIDHARTH NAGAR
DIALYSIS UNIT, DISTRICT HOSPITAL
NAUGARH , MUDILA , SIDDHARTH NAGAR
UTTAR PRADESH - 272207

Party Mobile No : 9140607532
GSTIN / UIN :
D.L. No. :

SIDDHARTH NAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	400	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	3,136.00
2	400	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	3,136.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,050.20

Stock/No. of Boxes Received
Subject to Physical Check
Name/Employee Code DC62423
Centre Name SIDDHARTH NAGAR
Date/Time 30/10/24
Signature M. No. 909108752

Total 7,322.20
Less : Rounded Off (-) 0.20

800.00 0.00

Grand Total ₹ 7,322.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	5,600.000	672.000	672.000
18%	890.000	160.200	160.200
Total	6,490.000	832.200	832.200

Rupees Seven Thousand Three Hundred Twenty Two 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
