

Signature: *[Handwritten Signature]*
 Date/Time: *[Handwritten]*
 Centre Name: *[Handwritten]*
 Name/Employee Code: *[Handwritten]*
 Subject to Physical Check: *[Handwritten]*
 Stock/No. of Boxes Received: *[Handwritten]*

Authorized Signatory For Anil Pharma		3. Subject to 'Delhi' Jurisdiction only. 2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time. 1. Goods once sold will not be taken back. E.& O.E. Terms & Conditions																																					
Receiver's Signature :		Bank Details : UJJIVAN SMALL FINANCE BANK, A/c : 2207120040000335; IFSC - UJJVN002207																																					
Rupees One Thousand Seven Hundred Forty Only		Tax Rate Taxable Amt. IGST Amt. Total Tax 12% 1,280,000 153,600 153,600 18% 260,000 46,800 46,800 Total 1,540,000 200,400 200,400																																					
Grand Total 1,740.00	1.00	0.00	1,740.00																																				
Total 1,740.40 Less : Rounded Off (-) 0.40																																							
<table border="1"> <thead> <tr> <th>S.N.</th> <th>Qty.</th> <th>Free Pack</th> <th>Products Name</th> <th>HSN</th> <th>Batch No.</th> <th>Exp.</th> <th>MRP</th> <th>Rate</th> <th>Dis. %</th> <th>GST %</th> <th>Amount()</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>0</td> <td>SYNTHETIC COVER FOR TROLLY</td> <td>42029900</td> <td></td> <td></td> <td>0.00</td> <td>1,280.00</td> <td>0.00%</td> <td>12%</td> <td>1,433.60</td> </tr> <tr> <td>2</td> <td>--</td> <td>--</td> <td>FREIGHT CHARGES</td> <td>996812</td> <td></td> <td></td> <td>0.00</td> <td>--</td> <td>0.00%</td> <td>18%</td> <td>306.80</td> </tr> </tbody> </table>				S.N.	Qty.	Free Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()	1	1	0	SYNTHETIC COVER FOR TROLLY	42029900			0.00	1,280.00	0.00%	12%	1,433.60	2	--	--	FREIGHT CHARGES	996812			0.00	--	0.00%	18%	306.80
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ALMEL																																							
Billed to : DCCD TALUKA HOSPITAL ALMEL DIALYSIS UNIT, TALUKA HOSPITAL DIST - VIJAYAPURA, ALMEL KARNATKA - 586202 Party Mobile No : 7406820897 GSTIN / UIN : D.L. No. :		Shipped to : DCCD TALUKA HOSPITAL ALMEL DIALYSIS UNIT, TALUKA HOSPITAL DIST - VIJAYAPURA, ALMEL KARNATKA - 586202 Party Mobile No : 7406820897 GSTIN / UIN : D.L. No. :																																					
Invoice No. : AP/24-25/1077 Date of Invoice : 24-08-2024 Place of Supply : Karnataka (29) GR/RR No. : PO NO. : 27149		Transport : N/A Vehicle No. : Station : E-Way Bill No. : PO DATE : 09-08-2024																																					

