

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/24-25/1488
Date of Invoice : 11-10-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 27735

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

Billed to :

DCDC CHC HOSPITAL YELLANDU
DIALYSIS UNIT , COMMON HEALTH CENTER
YELLANDU , DIST. BHADRADRI KOTHAGUDEM
TELANGANA - 507123

Shipped to :

DCDC CHC HOSPITAL YELLANDU
DIALYSIS UNIT , COMMON HEALTH CENTER
DIST - BHADRADARI KOTHAGUDEM
YELLANDU , TELANGANA - 507123

Party Mobile No : 8588850032
GSTIN / UIN :
D.L. No. :

Party Mobile No : 7093058506
GSTIN / UIN :
D.L. No. :

YELLANDU

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(`)
1	100	0		Vaccutainer Edta	90183990			13.50	6.00	0.00%	12%	672.00
2	300	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	2,352.00
3	300	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	2,352.00
4	500	0		IV SET-ECO	90183990	AIV54101	Jul-2027	0.00	6.50	0.00%	12%	3,640.00
5	52	0		MICROPORE 3"	30059060	2407118	Jun-2027	0.00	75.00	0.00%	12%	4,368.00
6	200	0		NON WOVEN BED SHEET	63071030			0.00	13.00	0.00%	5%	2,730.00
7	4	0	1*50	HMD 10ML SYRING	90183100	416103JE1 418104JP2	Mar-2029 Apr-2029	0.00	247.50	0.00%	12%	1,108.80
8	5	0		GAUZE CLOTH	58031010			850.00	165.00	0.00%	12%	924.00

Stock/No. of Boxes Received
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No.....

Total 18,146.80

0.20

Add : Rounded Off (+)

1,461.00 0.00

Grand Total

18,147.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	13,765.000	1,651.800	1,651.800
5%	2,600.000	130.000	130.000
Total	16,365.000	1,781.800	1,781.800

Rupees Eighteen Thousand One Hundred Forty Seven 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