

07AAPP6291A1ZR

## TAX INVOICE

Duplicate 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/24-25/171  
 Date of Invoice : 19-04-2024  
 Place of Supply : Uttar Pradesh (09)  
 GR/RR No. :  
 PO NO. : 25784

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 05-04-2024

**Billed to :**

DCDC SAHARA HOSPITAL RAMPUR  
 DIALYSIS UNIT , SAHARA HOSPITAL  
 JANU NAGAR, SIMARIYA, POST- KEMRI  
 TEHSIL- MILAK , RAMPUR UP-243701

**Shipped to :**

DCDC SAHARA HOSPITAL RAMPUR  
 DIALYSIS UNIT , SAHARA HOSPITAL  
 JANU NAGAR, SIMARIYA, POST- KEMRI  
 TEHSIL- MILAK , RAMPUR UP-243701

Party Mobile No : 8506057008  
 GSTIN / UIN :  
 D.L. No. :

Party Mobile No : 8279538027  
 GSTIN / UIN :  
 D.L. No. :

RAMPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	217	0		GAUZE SWAB	30059090			0.00	6.00	0.00%	12%	1,458.24

Stock/No. of Boxes Received ..... 01 .....  
 Subject to Physical Check  
 Name/Employee Code ..... Mohd Peris Roush  
 Centre Name ..... Sahara Hospital  
 Date/Time ..... 19/04/2024 02:40 P.M.  
 Signature ..... [Signature] M. No. 8279538027

Total 1,458.24

Less : Rounded Off (-)

0.24

217.00 0.00

Grand Total ₹ 1,458.00

Tax Rate Taxable Amt. IGST Amt. Total Tax  
 12% 1,302.000 156.240 156.240

Rupees One Thousand Four Hundred Fifty Eight Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

## Terms &amp; Conditions

E.&amp; 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

