

2 Box

GSTIN : 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/24-25/172
 Date of Invoice : 19-04-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 25953-1

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 17-04-2024

Billed 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. :

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

 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	1,400	0		GAUZE SWAB	30059090			0.00	6.00	0.00%	12%	9,408.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,239.00

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code DCDC SAHARA HOSPITAL RAMPUR
 Centre Name Sahara Hospital
 Date/Time 29/04/2024 02:40 P.M.
 Signature [Signature] M. No. 8279538027

Total 10,647.00

1,400.00 0.00

Grand Total ₹ 10,647.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	8,400.000	1,008.000	1,008.000
18%	1,050.000	189.000	189.000
Total	9,450.000	1,197.000	1,197.000

Rupees Ten Thousand Six 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

