

1 Box

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/24-25/1713
Date of Invoice : 25-10-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 27880

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 22-10-2024

Billed to :
DCDC TALUKA HOSPITAL INDI
DIALYSIS UNIT, TALUKA HOSPITAL
DIST - VIJAYAPURA , INDI
KARNATKA - 586209

Party Mobile No : 9380638005
GSTIN / UIN :
D.L. No. :

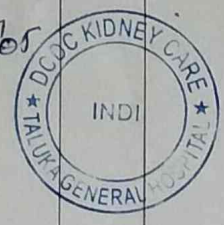
Shipped to :
DCDC TALUKA HOSPITAL INDI
DIALYSIS UNIT, TALUKA HOSPITAL
DIST - VIJAYAPURA , INDI
KARNATKA - 586209

Party Mobile No : 9380638005
GSTIN / UIN :
D.L. No. :

INDI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		FITSULA NEEDLE 16G	901839	24101720	Sep-2027	0.00	11.00	0.00%	12%	6,160.00
2	500	0		FITSULA NEEDLE 17G	90183290	24100303	Sep-2027	0.00	11.00	0.00%	12%	6,160.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,209.50

Stock/No. of Boxes Received 01
Subject to Physical Check 01
Name/Employee Code 205672
Centre Name Th. Ind.
Date/Time 31/10/2024 12:00 PM
Signature [Signature] M. No. 9380638005



Total 13,529.50

Add : Rounded Off (+) 0.50

1,000.00 0.00

Grand Total ₹ 13,530.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	11,000.000	1,320.000	1,320.000
18%	1,025.000	184.500	184.500
Total	12,025.000	1,504.500	1,504.500

Rupees Thirteen Thousand Five Hundred Thirty 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
Auth Sign.
Authorised Signatory
DELHI