

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. : 208-137393, 21B-137394

Invoice No. : AP/24-25/1115	Transport : N/A
Date of Invoice : 24-08-2024	Vehicle No. :
Place of Supply : Uttar Pradesh (09)	Station :
GR/RR No. :	E-Way Bill No. :
PO NO. : 27061	PO DATE : 05-08-2024
Billed to : DCDC DISTRICT HOSPITAL MUZAFFAR NAGAR DISTRICT HOSPITAL , RORKEE ROAD LADDHAWALA UP-251001	Shipped to : DCDC DISTRICT HOSPITAL MUZAFFAR NAGAR DIALYSIS UNIT, DISTRICT HOSPITAL RORKEE ROAD, LADDHAWALA MUZAFFAR NAGAR, UTTAR PRADESH - 251001
Party Mobile No : 9997287917	Party Mobile No : 9634720912
GSTIN / UIN :	GSTIN / UIN :
D.L. No. :	D.L. No. :

MUZAFFAR NAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	50	0		Povinzan M/B Powder	30049087	N0140824	Jul-2027	45.00	15.00	0.00%	12%	840.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	141.60

Total											981.60	
Add : Rounded Off (+)											0.40	
50.00	0.00										Grand Total	982.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	750.000	90.000	90.000
18%	120.000	21.600	21.600
Total	870.000	111.600	111.600

Rupees Nine Hundred Eighty Two Only

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

<p>Terms & Conditions</p> <p>E&O.E.</p> <p>1. Goods once sold will not be taken back.</p> <p>2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.</p> <p>3. Subject to 'Delhi' Jurisdiction only.</p>	<p>Receiver's Signature Received ... 1 box</p> <p>Subject to Physical Check ok</p> <p>Name/Employer Code _____</p> <p>Centre Name <u>Muzaffar Nagar</u> For Anil Pharma</p> <p>Date/Time <u>24/08/24</u></p> <p>Signature _____ M. No. <u>9634720912</u></p> <p>Authorized Signatory</p>
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