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GSTIN : 07AAPP6291A1ZR

TAX INVOICE

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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/24-25/247	Transport : N/A
Date of Invoice : 07-05-2024	Vehicle No. :
Place of Supply : Karnataka (29)	Station :
GR/RR No. :	E-Way Bill No. :
PO NO. : 25983	PO DATE : 03-05-2024

Billed to : DCDC TALUKA HOSPITAL NARGUND DIALYSIS UNIT, TALUKA HOSPITAL DIST- GAD	Shipped to : DCDC TALUKA HOSPITAL NARGUND DIALYSIS UNIT, TALUKA HOSPITAL DIST - GADAG , NARGUND KARNATKA - 582207
Party Mobile No : GSTIN / UIN : D.L. No. :	Party Mobile No : 9035983362 GSTIN / UIN : D.L. No. :

NARGUND

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(`)
1	100	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	784.00
2	100	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	784.00
3	1	0	1*50	INJ Frusamide 1*50 (R) / LASI	3004	FM-125.	Sep-2025	0.00	165.00	0.00%	12%	184.80
4	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	696.20

Total 2,449.00

201.00 0.00

Grand Total 2,449.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,565.000	187.800	187.800
18%	590.000	106.200	106.200
Total	2,155.000	294.000	294.000

Rupees Two Thousand Four Hundred Forty Nine 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