

GSTIN : 07AAPP6291A1Z8

TAX INVOICE

Original Copy

**Anil Pharma**

C- 5B, Rajan Babu Road,, Adarsh Nagar, Delhi-110033

Tel : 011-41887131 email : anilpharma1997@gmail.com

Drug Licence No. : 308-137393, 218-137394

Invoice No. : AP/24-25/S24	Transport : N/A
Date of Invoice : 11-05-2024	Vehicle No. :
Place of Supply : Karnataka (23)	Station :
GR/RR No. :	E-Way Bill No. :
PO NO. : 36427	PO DATE : 04-05-2024

**Billed to :**  
 DCDC TALUKA HOSPITAL GAJENDRAGADA  
 DIALYSIS UNIT, TALUKA HOSPITAL  
 DIST - GADAG , GAJENDRAGADA  
 KARNATKA - 582114

Party Mobile No : 9986980020  
 GSTIN / UIN :  
 D.L. No. :

**Shipped to :**  
 DCDC TALUKA HOSPITAL GAJENDRAGADA  
 DIALYSIS UNIT, TALUKA HOSPITAL  
 DIST - GADAG , GAJENDRAGADA  
 KARNATKA - 582114

Party Mobile No : 9986980020  
 GSTIN / UIN :  
 D.L. No. :



**GAJENDRAGADA**

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MSP	Rate	Dis. %	GST %	Amount( )
1	10	0	0	JAMB STOP COCK(LAVICOT)	9018	2306800	May-2028	0.00	8.50	0.00%	12%	95.20
2	5	0	0	Povidone I/PB Powder	10049087	80140105	Jan-2027	45.00	15.00	0.00%	12%	84.00
3	1	0	0	BLUE PUNCTURE 10/1R	90186039			0.50	240.00	0.00%	12%	268.80
4	1	0	0	VIAL DRECKAANDRO (PHG) (B)	9028	80103011	—	0.00	850.00	0.00%	12%	952.00
5	50	0	0	BT SET ( NY )	90182990	HCART001	Nov-2025	0.00	19.00	0.00%	12%	1,064.00
6	100	0	0	SUFFIANT CAP	6210			0.00	0.90	0.00%	5%	94.50
7	3	0	0	COTTON ROLL	30059010	600	Apr-2027	0.00	115.00	0.00%	12%	386.40
8	1	0	0	DIGITAL THERMOMETER	9025			0.00	75.00	0.00%	18%	88.50
9	50	0	0	POLY AFFRON	3104			0.00	8.00	0.00%	18%	472.00
10	100	0	0	Vaccusiner 500s	9018			11.50	6.00	0.00%	12%	672.00
11	5	0	0	EMPH GLOVES (PO)	4015			0.00	230.00	0.00%	12%	1,380.00
12	100	0	0	FACE MASK 3 PLY EARLOOP BLUE	42079090			0.00	1.50	0.00%	8%	157.50
13	30	0	0	G PLAST	3005	2312800	Nov-2028	0.00	68.00	0.00%	12%	762.00
14	5	0	0	HMD KIT KATH 16ND	9018	403115	Dec-2028	0.00	11.50	0.00%	12%	64.40
15	5	0	0	RHS CANULA 18ND	9018	02090254	Mar-2026	0.00	8.00	0.00%	12%	44.80
16	5	0	0	RHS CANULA 20ND	9018	02090257	Mar-2026	0.00	8.00	0.00%	12%	44.80
17	5	0	0	RHS CANULA 22ND	9018	02090441	Feb-2028	0.00	8.00	0.00%	12%	44.80
18	200	0	0	IV SET-ECO	9018	40194113	Jan-2027	0.00	6.50	0.00%	12%	1,458.00
19	15	0	0	MICROPORE 3"	3005	1404014	Mar-2027	0.00	75.00	0.00%	12%	1,348.00
20	1	0	0	NASAL PRONG	9019			0.00	32.00	0.00%	12%	35.84
21	1	0	1740	HMD 22 No NEEDLE	9018	202120	Apr-2027	0.00	180.00	0.00%	12%	112.00
22	1	0	1740	NIPRO NEEDLE 2NG	90182028	22134	Apr-2027	0.00	85.00	0.00%	12%	95.20
23	1	0	1740	NIPRO NEEDLE 2NG	90182100	22215	NA-2027	0.00	60.00	0.00%	12%	67.20
24	1	0	0	NEEDLE CUTTER 3LTH	9018			0.00	1,376.00	0.00%	12%	2,376.00
25	2	0	0	OXYGEN MASK (ADULT)	9019	04941112	Oct-2028	200.00	40.00	0.00%	12%	89.60
26	8	0	0	ROYAL GLOVES (RUBBER GLOVES)	40151900			0.00	42.00	0.00%	18%	396.48

Bank Details : UJIVAN SMALL FINANCE BANK, A/c : 2207120040000135; IFSC - UJVN0002107

<p><b>Terms &amp; Conditions</b></p> <p>E &amp; 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 :</p>
	<p><b>For Anil Pharma</b></p> <p>Authorized Signatory</p>

Stock No. of Boxes Received \_\_\_\_\_  
 Subject to Physical Check \_\_\_\_\_  
 Name/Employee Code \_\_\_\_\_  
 Centre Name \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Signature \_\_\_\_\_ No. \_\_\_\_\_

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Original Copy

**Anil Pharma**

C- 58, Rajan Babu Road, Adarsh Nagar, Delhi-110033

Tel : 011-41537122 email : anilpharma1997@gmail.com

Drug License No. : 208-137393, 218-137394

Invoice No. : AP/24-25/524	Transport : N/A
Date of Invoice : 11-06-2024	Vehicle No. :
Place of Supply : Karnataka (29)	Station :
GA/RR No. :	E-Way Bill No. :
PO NO : 26427	PO DATE : 04-06-2024

**Billed to :**  
 DCDC TALUKA HOSPITAL GAJENDRAGADA  
 DIALYSIS UNIT, TALUKA HOSPITAL  
 DIST - GADAG , GAJENDRAGADA  
 KARNATKA - 582114

**Shipped to :**  
 DCDC TALUKA HOSPITAL GAJENDRAGADA  
 DIALYSIS UNIT, TALUKA HOSPITAL  
 DIST - GADAG , GAJENDRAGADA  
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## GAJENDRAGADA

Sl. No.	Qty.	Per Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount (₹)
27	300	0	SHOE COVER	3903			0.00	1.00	0.00%	18%	540.00
28	1	0	STYLET 4.0	9019			0.00	270.00	0.00%	18%	270.00
29	4	0	1*50 CB MAXIN 10ML SYRINGE	90182000	4171049	Jan-2025	0.00	175.00	0.00%	18%	700.00
30	2	0	1*25 CB MAXIN 5ML SYRINGE	90182000	4171049	Jan-2025	0.00	185.00	0.00%	18%	370.00
31	1	0	1*25 HIPRODERMIC 10ML SYRINGE	90182000	4171049	Jan-2025	0.00	200.00	0.00%	18%	200.00
32	600	0	YACUAGINE PAIN	9018			13.50	5.00	0.00%	18%	3150.00
33	1	0	SWAMP CONTAINER PLASTIC 3LTR	9028			0.00	150.00	0.00%	18%	150.00
34	50	0	1*50 SURGICARE GLOVES 4.50 NO	4013			40.00	14.00	0.00%	18%	590.00
35	50	0	1*50 SURGICARE GLOVES PRO	4013			40.00	14.00	0.00%	18%	590.00
36	1,000	0	NON WOVEN BED SHEET	6307			0.00	12.00	0.00%	18%	12000.00
37	50	0	BLACKBERRY 16.1 4000mAh	30045099	L1000014	Mar-2025	0.00	4.00	0.00%	18%	200.00
38	1	0	1*50 BICOLOR POLYMERASE DMS 1%	30045039	CL-105	Nov-2025	0.00	240.00	0.00%	18%	240.00
39	1	0	1*50 INO REVEL 1*50	30045039	PH-71	Aug-2025	0.00	160.00	0.00%	18%	160.00
40	1	0	1*50 INO FORMULIN 1*50	30045039	NO-93	Mar-2025	0.00	210.00	0.00%	18%	210.00
41	50	0	20 CREOSOL ( DMSO )	30045049	PH-101111	Nov-2025	0.00	4.00	0.00%	18%	200.00
42	10	0	TAB BRICETAPOL 500MG	30045049	OPV1111	Oct-2025	0.00	9.50	0.00%	18%	95.00
43	20	0	TAB ABIRAMIN (CLODICE)	30045076	10111111	Jan-2025	0.00	24.00	0.00%	18%	480.00
44	-	-	FREIGHT CHARGES	999911			0.00	-	0.00%	18%	136.70

Total 37,875.42  
 Less : Rounded Off (-) 1.42

2,348.00 0.00 Grand Total 37,875.00

Tax Rate	Taxable Amt.	Tax Amt.	Total Tax
12%	16,196,520	1,943,582	1,943,582
5%	13,740,000	687,000	687,000

**Bank Details :** LIDIVAN SMALL FINANCE BANK,; A/C - 2207130040000335; IFSC - LIDV0001207

## Bank's Conditions

## E.S.O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
- Subject to Delhi Jurisdiction only.

## Receiver's Signature :

For Anil Pharma

Date/No. of Order Received

Received by/Payment Check

Employee Code

Centre Name

Date/Time

Signature

Authorized Signatory

M. No. 9148254506