

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. : 20B-137393, 21B-137394

Invoice No. : AP/24-25/1153  
 Date of Invoice : 07-09-2024  
 Place of Supply : Uttar Pradesh (09)  
 GR/RR No. :  
 PO NO. : 27467

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 04-09-2024

**Billed to :**  
 DCDC LOKPRIYA HOSPITAL MODI NAGAR  
 3RD FLOOR , LOKPRIYA HOSPITAL, NEAR AMBE

**Shipped to :**  
 DCDC LOKPRIYA HOSPITAL MODI NAGAR  
 DIALYSIS UNIT, LOKPRIYA HOSPITAL  
 3RD FLOOR, NEAR AMBER CINEMA  
 MODI NAGAR, UTTAR PRADESH - 201204

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

Party Mobile No : 7217599274  
 GSTIN / UIN :  
 D.L. No. :

MODI NAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount( )
1	1	0		DIAL CHECK-ANEROID SPHYG (BP)	90189011		---	0.00	850.00	0.00%	12%	952.00
2	2	0	2	N.I CUFF	90184100			0.00	500.00	0.00%	12%	1,120.00

Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. 859592646

Total 2,072.00

3.00 0.00

Grand Total 2,072.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,850.000	222.000	222.000

**Rupees Two Thousand Seventy Two Only****Bank Details :** UJJIVAN SMALL FINANCE BANK,, A/c : 2207120040000335; IFSC - UJVN0002207

Terms &amp; Conditions

E.&amp; 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**