

GSTN : 07AAPP6291A1ZR

## TAX INVOICE

Duplicate 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/2022-23/858  
 Date of Invoice : 13-12-2022  
 Place of Supply : Himachal Pradesh (02)  
 GR/RR No. :  
 PO NO. : 21092-3

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 08-12-2022

**Billed to :**  
 DCDC ( DDU HOSPITAL ) SHIMLA  
 DEEN DAYAL UPADHYAY HOSPITAL  
 DIALYSIS UNIT , OPP. GURUDWARA  
 SHIMLA

**Shipped to :**  
 DCDC ( DDU HOSPITAL ) SHIMLA  
 DEEN DAYAL UPADHYAY HOSPITAL  
 DIALYSIS UNIT , OPP. GURUDWARA  
 SHIMLA, HIMACHAL PRADESH-171001

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

Party Mobile No : 9418291979  
 GSTIN / UIN :  
 D.L. No. :

SHIMLA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	✓15	0		EXAM GLOVES LATEX	4015			590.00	230.00	0.00%	12%	3,864.00
2	✓100	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	157.50
3	✓50	0		INJ CARNIXOL	3004	A22412B	Aug-2024	0.00	24.50	0.00%	12%	1,372.00
						A22516C	Oct-2024					
4	✓50	0		INJ PANTAPROZOLE 40MG	3004	D1012229D	Apr-2024	0.00	14.30	0.00%	12%	800.80
5	✓20	0		MICROPORE 3"	3005	2208158	Jul-2025	984.00	75.00	0.00%	12%	1,680.00
6	✓50	0		SURGICARE GLOVES 7NO	4015			65.00	16.00	0.00%	12%	896.00

DCDC HOSPITAL CENTRE-REGIONAL HOSPITAL, SHIMLA  
 MATERIAL RECEIVED

DATE: 19/12/22

TIME: ..... RECEIVED BY: *Anil*

Total 8,770.30

Add : Freight &amp; Forwarding Charges

590.00

Less : Rounded Off (-)

0.30

25.00 0.00

Grand Total ₹ 9,360.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	7,690.000	922.800	922.800
5%	150.000	7.500	7.500
<b>Totals</b>	<b>7,840.000</b>	<b>930.300</b>	<b>930.300</b>

Rupees Nine Thousand Three Hundred Sixty Only

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

Terms &amp; Conditions

E&amp;OE.

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