

GSTIN : 07AAPP66391A12H

TAX INVOICE

Anil Pharma

C-58, Rajarajabai Road, Acharya Nagar, Delhi-110033  
Tel : 011-42887334 Email : anilpharma1997@gmail.com  
Drug License No. : 208-137302, 318-137304

Original Copy

Invoice No. : AP/24 25/1642  
Date of Invoice : 23-10-2024  
Place of Supply : Telangana (36)  
GR/RR No.  
PO NO. : 27691

Transport : DELIVERY PRIVATE LIMITED  
Vehicle No : HYDERABAD  
Station : 711872884916  
E-Way BR No : 04-10-2024  
PO DATE

Billed to :  
DCDC GANDHI HOSPITAL SECUNDRABAD  
GANDHI HOSPITAL, BHOIGUDA MUSHEERABAD D

Shipped to :  
DCDC GANDHI HOSPITAL SECUNDRABAD  
DIALYSIS UNIT, GANDHI HOSPITAL  
BHOIGUDA MUSHEERABAD, HYDERABAD  
TELANGANA - 500020

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

Party Mobile No : 7793915614  
GSTIN / UIN :  
D.L. No. :

GANDHI HOSPITAL

40  
1000  
1400  
600

S.N.	Qty.	Free Pack	Product's Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
	1	0	HMD 10 ML SYRING	90183100	44210202	SEP-2029	0.00	247.50	0.00%	12%	11,008.00
	3	0	FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	10,976.00
	3	0	FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	10,976.00
	1	0	CATHETERIZATION OFF KIT	30059090			0.00	28.00	0.00%	12%	18,816.00
			FREIGHT CHARGES	996812			0.00	-	0.00%	18%	4,118.20

Total 55,974.20  
0.35

Less : Round-off Off (-)

3,440.00 0.00

Grand Total ₹ 55,974.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	46,300.000	5,556.000	5,556.000
18%	3,490.000	628.200	628.200
<b>Total</b>	<b>49,790.000</b>	<b>6,184.200</b>	<b>6,184.200</b>



Rupees Fifty Five Thousand Nine Hundred Seventy Four 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 within the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature

For Anil Pharma

Authorized Signatory

Stock/No. of Boxes Received ..... 3 bags, 3 boxes  
 Subject to Physical Check  
 Name of Receiver Code .....  
 Name of Receiver Code .....  
 M. No. ....

23/10/2024