

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/24-25/1097
 Date of Invoice : 24-08-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 27161

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 09-08-2024

Billed to :
 DCDC TALUKA HOSPITAL HALIYAL
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - UTTAR KANNADA, HALIYAL
 KARNATKA - 581329

Shipped to :
 DCDC TALUKA HOSPITAL HALIYAL
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - UTTAR KANNADA, HALIYAL
 KARNATKA - 581329

Party Mobile No : 9449373161
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 9449373161
 GSTIN / UIN :
 D.L. No. :

HALIYAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(`)
1	1	0		SYNTHETIC COVER FOR TROLLY	42029900			0.00	1,280.00	0.00%	12%	1,433.60
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	306.80

Total 1,740.40

Less : Rounded Off (-) 0.40

1.00 0.00

Grand Total

1,740.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,280.000	153.600	153.600
18%	260.000	46.800	46.800
Total	1,540.000	200.400	200.400

Rupees One Thousand Seven Hundred Forty 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 :

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code For Anil Pharma
 Centre Name Haliyal
 Date/Time 24/8/24 at 12:30
 Signature M. No. 9449373161
 Authorised Signatory