

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/24-25/151  
Date of Invoice : 17-04-2024  
Place of Supply : Uttar Pradesh (09)  
GR/RR No. :  
PO NO. : 25764

Transport : DELHIVERY PRIVATE LIMITED  
Vehicle No. :  
Station : MAINPURI  
E-Way Bill No. : 711421145059  
PO DATE : 12-04-2024

**Billed to :**

DCDC DISTRICT HOSPITAL MAINPURI  
DIALYSIS CENTER, MAHARAJA TEJ PRATAP  
SINGH DISTRICT HOSPITAL, MAINPURI  
UTTAR PRADESH-205001

Party Mobile No : 9713740406  
GSTIN / UIN :  
D.L. No. :

**Shipped to :**

DCDC DISTRICT HOSPITAL MAINPURI  
DIALYSIS UNIT, MAHARAJA TEJ PRATAP  
SINGH DISTRICT HOSPITAL, MAINPURI  
UTTAR PRADESH-205001

Party Mobile No : 7895170086  
GSTIN / UIN :  
D.L. No. :

MAINPURI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	8	0		LASA BOX	3924			0.00	310.00	0.00%	18%	2,926.40

Stock/No. of Boxes Received ..... ① .....  
Subject to Physical Check  
Name/Employee Code : Nagendra Pratap (DC02210)  
Centre Name : H.O.U. Mainpuri (U.P.)  
Date/Time : 20.04.2024 (10:15AM)  
Signature : [Signature] M. No. : 7895170086.

Total 2,926.40

Less : Rounded Off (-)

0.40

8.00 0.00

Grand Total ₹ 2,926.00

Tax Rate Taxable Amt. IGST Amt. Total Tax  
18% 2,480.000 446.400 446.400

**Rupees Two Thousand Nine Hundred Twenty Six Only****Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207****Terms & Conditions**

E. &amp; 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

Authorised Signatory

