

N.S

1 Box

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/24-25/1749
Date of Invoice : 26-10-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 27972

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 22-10-2024

Billed to :
DCDC TALUKA HOSPITAL BYADGI
DIALYSIS UNIT, TALUKA HOSPITAL AGASANHAL

Shipped to :
DCDC TALUKA HOSPITAL BYADGI
DIALYSIS UNIT, TALUKA HOSPITAL
AGASANHALLI ROAD , BYADGI
KARNATAKA - 581106

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

Party Mobile No : 6361259951
GSTIN / UIN :
D.L. No. :

BYADGI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		FITSULA NEEDLE 17G	90183290	24100417C	Sep-2027	0.00	11.00	0.00%	12%	6,160.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,003.00

Stock/No. of Boxes Received 1 Box -
Subject to Physical Check
Name/Employee Code DC03492
Centre Name BYADGI UNIT
Date/Time 05/11/2024 10 AM
Signature M. No. 6361259951

Total 7,163.00

500.00 0.00

Grand Total ₹ 7,163.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	5,500.000	660.000	660.000
18%	850.000	153.000	153.000
Total	6,350.000	813.000	813.000



Rupees Seven Thousand One Hundred Sixty Three Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN002207

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 :

For Anil Pharma
Auth. Sign.
Authorised Signatory
DELHI