

GSTIN : 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/2022-23/948
 Date of Invoice : 22-12-2022
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 21065-1

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 09-12-2022

Billed to :

DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
 DISTRICT HOSPITAL , LAKHIMPUR KHIRI,
 NEAR T.W WARD HOSPITAL ROAD , POLICE
 LINE , LAKHIMPUR , UTTAR PRADESH-262701

Shipped to :

DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
 DISTRICT HOSPITAL , LAKHIMPUR KHIRI,
 NEAR T.W WARD HOSPITAL ROAD , POLICE
 LINE , LAKHIMPUR , UTTAR PRADESH-262701

Party Mobile No : 8447444344
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 6393323652
 GSTIN / UIN :
 D.L. No. :

LAKHIMPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	2	0		NEEDLE CUTTER 3LTR	9018			0.00	2,300.00	0.00%	12%	5,152.00

DCDCHSPL CENTRE-LAKHIMPUR KHIRI
MATERIAL RECEIVED
 DATE 29/12/22
 TIME 4:00 PM RECEIVED BY [Signature]

Total 5,152.00

Add : Freight & Forwarding Charges

500.00

2.00 0.00

Grand Total ₹ 5,652.00

Tax Rate Taxable Amt. IGST Amt. Total Tax
 12% 4,600.000 552.000 552.000

Rupees Five Thousand Six Hundred Fifty Two 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 :

ANIL PHARMA
 For Anil Pharma
 Authorised Signatory