

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/24-25/433  
 Date of Invoice : 06-06-2024  
 Place of Supply : Jharkhand (20)  
 GR/RR No. :  
 PO NO. : 26360

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 04-06-2024

## Billed to :

DCDC SADAR HOSPITAL SIMDEGA  
 SADAR HOSPITAL, NH-23, THANA TOLLI  
 SALDEGA, SIMDEGA  
 JHARKHAND-835223

## Shipped to :

DCDC SADAR HOSPITAL SIMDEGA  
 DIALYSIS UNIT, SADAR HOSPITAL  
 NH 23, THANA TOLI, SALDEGA  
 SIMDEGA, JHARKHAND - 835223

Party Mobile No : 8506000395  
 GSTIN / UIN :  
 D.L. No. :

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 GSTIN / UIN :  
 D.L. No. :

SIMDEGA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	10	0	1*50	CARE DISPO, SYRINGE 10ML 1*50	90183100	B24059	Jan-2027	0.00	175.00	0.00%	12%	1,960.00
2	500	0		IV SET-ECO	9018	HCR23030.	Feb-2027	0.00	6.50	0.00%	12%	3,640.00
3	25	0		INJ HYDROCORTISONE 100MG (EFFCO	3004	24gc02o.	Feb-2026	40.70	23.50	0.00%	5%	616.88
4	10	0		TAB BIODEPIN 5MG ( AMLEODEPIN	30049072	SPAC24007.	Dec-2025	0.00	19.50	0.00%	12%	218.40
5	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,162.30

Total 7,597.58

Add : Rounded Off (+)

0.43

545.00 0.00

Grand Total ₹ 7,598.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	5,195.000	623.400	623.400
5%	587.500	29.375	29.375
18%	985.000	177.300	177.300
<b>Total</b>	<b>6,767.500</b>	<b>830.075</b>	<b>830.075</b>

Rupees Seven Thousand Five Hundred Ninety Eight Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

## Terms &amp; 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

Stock/No. of Boxes Received ..... 02 Box  
 Subject to Physical Check  
 Name/Employee Code ..... Chamasi Kumar  
 Centre Name ..... Dh Simdega  
 Date/Time ..... 10/6/24 11:40am  
 Signature ..... M. No. 9852593824