

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/24-25/1460
 Date of Invoice : 10-10-2024
 Place of Supply : Delhi (07)
 R/RR No. :
 C NO. : 27796

Transport : BY HAND
 Vehicle No. :
 Station : KRISHNA NAGAR
 E-Way Bill No. :
 PO DATE : 04-10-2024

Delivered to :

CDC HEALTH SERVICE PVT LTD
 -185 , FIRST FLOOR , MAYAPURI INDUS.
 REA PHASE -2 , MAYAPURI
 EW DELHI-110064

Shipped to :

DCDC HEALTH SERVICE PVT LTD
 DIALYSIS UNIT, H - 1 KAILASH PARK
 NEAR MOTI NAGAR METRO PILLAR NO - 330
 MOTI NAGAR , NEW DELHI - 110015

Party Mobile No : 9811561247
 STIN / UIN :
 .L. No. :

Party Mobile No : 8051755839
 GSTIN / UIN :
 D.L. No. :

OTI NAGAR

N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	10	0		HAND SANITIZER 5 LTR	38089400			0.00	580.00	0.00%	9%+9%	6,844.00

Total 6,844.00

10.00 0.00

Grand Total 6,844.00

Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
18%	5,800.000	522.000	522.000	1,044.000

Amount in words: Rupees Six Thousand Eight Hundred Forty Four Only

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

Terms & Conditions

& O.E.

Goods once sold will not be taken back.
 Interest @ 18% p.a. will be charged if the payment
 not made within the stipulated time.
 Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

Stock/No. of Boxes Received 10
 Subject to Physical Check
 Name/Employee Code Anil Pharma DCAS/54
 Centre Name Moti Nagar
 Date/Time 10.10.24
 Signature [Signature] M. No. 8826159795
For Anil Pharma
Authorized Signatory

