

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/24-25/444
Date of Invoice : 07-06-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 26305Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-06-2024**Billed to :**DCDC GOVT. AREA HSOPITAL KOTHAGUEM
GOVT. AREA HOSPITAL, GAJULARAJAM BHASTHI**Shipped to :**DCDC GOVT. AREA HSOPITAL KOTHAGUEM
DIALYSIS UNIT, AREA HOSPITAL
GAJULARAJAM BHASTI, BAJAMANDIR RD
BHADRADARI KOTHAGUEM
TELANGANA - 507101Party Mobile No :
GSTIN / UIN :
D.L. No. :Party Mobile No : 8317544638
GSTIN / UIN :
D.L. No. :

KOTHAGUEM

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		IV SET-ECO	9018	HCR23030.	Feb-2027	0.00	6.50	0.00%	12%	3,640.00
2	100	0		SURGICARE GLOVES 7NO	4015			65.00	16.00	0.00%	12%	1,792.00
3	10	0	1*50	CARE DISPO. SYRINGE 10ML 1*50	90183100	B24059	Jan-2027	0.00	175.00	0.00%	12%	1,960.00
4	800	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	6,272.00
5	500	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	3,920.00
6	500	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	787.50
7	500	0		BUFFANT CAP	6210			0.00	0.90	0.00%	5%	472.50
8	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,964.70

Stock No. of Boxes Received 3
Subject to Physical Check
Name/Employee Code B. K. Rao
Centre Name : Kothagudem
Date/Time 14/6/24
Signature [Signature] M. No. [M. No.]

Total 20,808.70

Add : Rounded Off (+)

0.30

2,910.00 0.00

Grand Total ₹ 20,809.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	15,700.000	1,884.000	1,884.000
5%	1,200.000	60.000	60.000
18%	1,665.000	299.700	299.700
Total	18,565.000	2,243.700	2,243.700

Rupees Twenty Thousand Eight Hundred Nine Only

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

Terms & Conditions

E.& 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