

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/24-25/1594  
Date of Invoice : 18-10-2024  
Place of Supply : Uttar Pradesh (09)  
GR/RR No. :  
PO NO. : 28044

Transport : GATI EXPRESS  
Vehicle No. :  
Station : MUZAFFAR NAGAR  
E-Way Bill No. : 701469764996  
PO DATE : 04-10-2024

**Billed to :**

DCDC DISTRICT HOSPITAL MUZAFFAR NAGAR  
DISTRICT HOSPITAL , RORKEE ROAD  
LADDHAWALA  
UP-251001

Party Mobile No : 9997287917  
GSTIN / UIN :  
D.L. No. :

**Shipped to :**

DCDC DISTRICT HOSPITAL MUZAFFAR NAGAR  
DIALYSIS UNIT, DISTRICT HOSPITAL  
ROORKEE ROAD, LADDHAWALA  
MUZAFFAR NAGAR, UTTAR PRADESH - 251001

Party Mobile No : 9634720912  
GSTIN / UIN :  
D.L. No. :

MUZAFFAR NAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	50	0		INJ ETOPHYLINE & THEOPHYLINE 1	30049099	FF-204	May-2026	0.00	4.60	0.00%	12%	257.60

Total 257.60

Add : Rounded Off (+)

0.40

50.00 0.00

Grand Total ₹ 258.00

Tax Rate Taxable Amt. IGST Amt. Total Tax  
12% 230.000 27.600 27.600

Rupees Two Hundred Fifty Eight Only

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

**Terms & 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**

Stock/No. of Boxes Received ..... 7

Subject to Physical Check ..... OK

Name/Employee Code ..... [Signature]

Centre Name ..... MUZAFFAR

Date/Time ..... 18/10/24

Signature ..... [Signature] M. No. ....

