

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/24-25/1504  
 Date of Invoice : 11-10-2024  
 Place of Supply : Telangana (36)  
 GR/RR No. :  
 PO NO. : 27948

Transport : N/A  
 Vehicle No. :  
 Station : Kothagudem  
 E-Way Bill No. :  
 PO DATE : 04-10-2024

**Billed to :**

DCDC GOVT. AREA HSOPITAL KOTHAGUDEM  
 GOVT. AREA HOSPITAL, GAJULARAJAM BHASTHI

**Shipped to :**

DCDC GOVT. AREA HSOPITAL KOTHAGUDEM  
 DIALYSIS UNIT, AREA HOSPITAL  
 GAJULARAJAM BHASTI , BAJAMANDIR ROAD  
 KOTHAGUDEM , TELANGANA - 507101

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

Party Mobile No : 8317544638  
 GSTIN / UIN :  
 D.L. No. :

KOTHAGUDEM

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount( )
1	10	0		HMD 5ML SYRING	90183100	420056NC2	Apr-2029	6.50	345.00	0.00%	12%	3,864.00

Stock/No. of Boxes Received ..... 1  
 Subject to Physical Check  
 Name/Employee Code ..... B. K. S. S.  
 Centre Name : Kothagudem  
 Date/Time ..... 11/10/24  
 Signature ..... M. No. ....

Total 3,864.00

10.00 0.00

Grand Total 3,864.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	3,450.000	414.000	414.000

Rupees Three Thousand Eight Hundred Sixty Four 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 :

For Anil Pharma

Authorised Signatory