

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/24-25/1324	Transport : N/A
Date of Invoice : 14-09-2024	Vehicle No. :
Place of Supply : Uttar Pradesh (09)	Station : MAINPURI
GR/RR No. :	E-Way Bill No. :
PO NO. : 27488	PO DATE : 04-09-2024

Billed to : DCDC DISTRICT HOSPITAL MAINPURI DIALYSIS CENTER, MAHARAJA TEJ PRATAP SINGH DISTRICT HOSPITAL, MAINPURI UTTAR PRADESH-205001	Shipped to : DCDC DISTRICT HOSPITAL MAINPURI DIALYSIS UNIT, MAHARAJ TEJ PRATAP DISTRICT HOSPITAL , MAINPURI UTTAR PRADESH - 205001
Party Mobile No : 9713740406	Party Mobile No : 7895170086
GSTIN / UIN :	GSTIN / UIN :
D.L. No. :	D.L. No. :

MAINPURI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	5	0		INJ ZINOCALINE (LOX 2%)	30049088	NZLI-006	Oct-2025	0.00	29.00	0.00%	12%	162.40
2	2	0	1*50	HIV 1/2 CARD TEST 50TEST FAST	30029090	OHIV-01240	Apr-2026	0.00	2,600.00	0.00%	5%	5,460.00
3	2	0	1*50	HCV CARD TEST 50TEST FAST VUE	30029090	Ohcv012400	Feb-2026	0.00	2,650.00	0.00%	5%	5,565.00
4	2	0	1*50	HBSAG CARD TEST 50TEST FASTVU	30029090	OHBS-01240	Mar-2026	0.00	550.00	0.00%	5%	1,155.00

Stock/No. of Boxes Received ①
 Subject to Physical Check
 Name/Employee Code : *Nagendra Pratap (DC02210)*
 Centre Name : *HCV, Mainpuri (U.P.)*
 Date/Time : *17-09-2024 (11:35 AM)*
 Signature : *[Signature]* M. No. : *7895170086*

Total 12,342.40
 Less : Rounded Off (-) 0.40

11.00 0.00 **Grand Total 12,342.00**

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	145.000	17.400	17.400
5%	11,600.000	580.000	580.000
Total	11,745.000	597.400	597.400

Rupees Twelve Thousand Three Hundred Forty Two Only

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

Terms & Conditions E.& O.E. 1. Goods once sold will not be taken back. 2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time. 3. Subject to 'Delhi' Jurisdiction only.	Receiver's Signature : <p align="center">For Anil Pharma</p> <p align="center">Authorised Signatory</p>
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