

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate 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/24-25/1364  
 Date of Invoice : 20-09-2024  
 Place of Supply : Delhi (07)  
 GR/RR No. :  
 PO NO. : 27456

Transport : BY HAND  
 Vehicle No. :  
 Station : MOTI NAGAR  
 E-Way Bill No. :  
 PO DATE : 04-09-2024

**Billed to :**  
 DCDC HEALTH SERVICE PVT LTD  
 C-185 , FIRST FLOOR , MAYAPURI INDUS.  
 AREA PHASE -2 , MAYAPURI  
 NEW DELHI-110064

**Shipped to :**  
 DCDC HEALTH SERVICE PVT LTD  
 DIALYSIS UNIT, KALRA HOSPITAL  
 A - 4 5 6 , TULSI DASS KALRA MARG  
 KIRTI NAGAR, NEW DELHI - 110015

Party Mobile No : 9811561247  
 GSTIN / UIN :  
 D.L. No. :

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

KALRA HOSPITAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	20	0		HDC TRIPLE LUMEN KIT	90183930	24090362C	Aug-2027	0.00	940.00	0.00%	6%+6%	21,056.00

Stock/No. of Boxes Received ..... 1 Box  
 Subject to Physical Check  
 Name/Employee Code ..... DC03158  
 Centre Name ..... Kalra  
 Date Time ..... 20/09/24  
 Signature ..... M. No. 9711866479

Total 21,056.00

20.00 0.00

Grand Total ₹ 21,056.00

Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
12%	18,800.000	1,128.000	1,128.000	2,256.000

Rupees Twenty One Thousand Fifty Six 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 :

