

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/24-25/789
 Date of Invoice : 16-07-2024
 Place of Supply : Bihar (10)
 GR/RR No. :
 PO NO. : 26647

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 04-07-2024

Billed to :

DCDC DHARAMSHEELA DEVI HOSPITAL NAWADA
 DIALYSIS UNIT, DHARAMSHEELA DEVI HOSPITA

Shipped to :

DCDC DHARAMSHEELA DEVI HOSPITAL NAWADA
 DIALYSIS UNIT, DHARAMSHEELA DEVI HOSPITA
 KENDUA , NEAR ITI COLLEGE, NAWADA
 BIHAR - 805110

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

Party Mobile No : 9304889041
 GSTIN / UIN :
 D.L. No. :

DDH NAWADA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	4	0	1*50	GB MAXIM 10ML SYRINGE	90183100	A110102480	Jan-2029	0.00	175.00	0.00%	12%	784.00
2	--	--	--	FREIGHT CHARGES	996812			0.00	--	0.00%	18%	413.00

Total 1,197.00

4.00 0.00

Grand Total 1,197.00

Stock/No. of Boxes Received 1 Box

Subject to Physical Check

Name/Employee Code DC03397

Centre Name Dharamsheela Devi Hospital

Date/Time 12:05 AM 22/07/24

Signature [Signature] M. No. 7484920842

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	700.000	84.000	84.000
18%	350.000	63.000	63.000
Total	1,050.000	147.000	147.000

Rupees One Thousand One Hundred Ninety Seven 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