

4 Box

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/24-25/307
Date of Invoice : 10-05-2024
Place of Supply : Haryana (06)
GR/RR No. :
PO NO. : 26130

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 03-05-2024

Billed to : DCDC CIVIL HOSPITAL BHIWANI
CIVIL HOSPITAL , NEAR PMO HOSPITAL
GHANTA GHAR CHOWK BHIWANI
HARYANA

Shipped to : DCDC CIVIL HOSPITAL BHIWANI
DIALYSIS UNIT, CH BANSILAL CIVIL HOSPITA
NEAR PMO OFFICE , GHANTA GHAR CHOWK
BHIWANI , HARYANA - 127021

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

Party Mobile No : 9813981347
GSTIN / UIN :
D.L. No. :

BHIWANI

Table with 12 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Contains 12 rows of product details including IV SET-ECO, FITSULA OFF KIT, etc.

Total 28,930.99

Add : Rounded Off (+) 0.01

2,557.00 0.00

Stack/No. of Boxes Received 4
Grand Total ₹ 28,931.00
Subject to Physical Check
Name/Employee Code
Centre Name CH BHIWANI
Date/Time 17-5-24 3:40 PM
Signature M. No. 85060-00710

Table with 4 columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Rows for 12%, 5%, 18% and a Total row.

Rupees Twenty Eight Thousand Nine Hundred Thirty One 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 :

