

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/24-25/786
 Date of Invoice : 16-07-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 26749

Transport : DELHIVERY PRIVATE LIMITED
 Vehicle No. :
 Station : SIDDHARTH NAGAR
 E-Way Bill No. : 761443612705
 PO DATE : 04-07-2024

Billed to :
 DCDC DISTRICT HOSPITAL SIDHARTH NAGAR
 DISTRICT HOSPITAL,
 SIDHARTH NAGAR MUDILA, NAUGARH
 UTTAR PRADESH-272207

Shipped to :
 DCDC DISTRICT HOSPITAL SIDHARTH NAGAR
 DIALYSIS UNIT, DISTRICT HOSPITAL
 NAUGARH, SIDDHARTH NAGAR
 UTTAR PRADESH - 272207

Party Mobile No : 9506254443
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 9140607532
 GSTIN / UIN :
 D.L. No. :

SIDDHARTH NAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1	0		ACCUSURE PLUS GLUCOMETER	90278990			0.00	0.00	0.00%	12%	0.00
2	5	0	1*100	ACCUSURE PLUS STRIP 1*100	38221990	244AB02007	Mar-2026	0.00	700.00	0.00%	12%	3,920.00

Stock/No. of Boxes Received 1 Box
 Subject to Physical Check DC02625
 Name/Employee Code Sidharthnagar
 Centre Name Sidharthnagar
 Date/Time 20/7/24 M. No. 9140607532
 Signature [Signature]

Total 3,920.00

6.00 0.00

Grand Total ₹ 3,920.00

Tax Rate Taxable Amt. IGST Amt. Total Tax
 12% 3,500.00 420.000 420.000

Rupees Three Thousand Nine Hundred Twenty 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 :

For Anil Pharma

Authorised Signatory