

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/24-25/140
 Date of Invoice : 15-04-2024
 Place of Supply : Jharkhand (20)
 GR/RR No. :
 PO NO. : 25828

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 12-04-2024

Billed to :
 DCDC SADAR HOSPITAL BOKARO
 SADAR HOSPITAL,
 CAMP NO- 2 , BOKARO-
 Jharkhand-827001

Shipped to :
 DCDC SADAR HOSPITAL BOKARO
 DIALYSIS UNIT, SADAR HOSPITAL
 ROOM NO - 208 , CAMP NO - 2
 BOKARO , JHARKHAND - 827001

Party Mobile No : 8506000228
 GSTIN / UIN :
 D.L. No. :

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 GSTIN / UIN :
 D.L. No. :

BOKARO

Sl. No.	Qty	Unit	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	2	0	LASA BOX	3924			0.00	310.00	0.00%	18%	731.60
2	--	--	FREIGHT CHARGES	996812			0.00	--	0.00%	18%	377.60

Stock/No. of Boxes Received 1
 Subject to Physical Check
 Name/Employee Code
 Centre Name BOKARO
 Date/Time 14/4
 Signature
 M. No. 324
 8506000228



Total 1,109.20

Less : Rounded Off (-) 0.20

2.00 0.00

Grand Total ₹ 1,109.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
18%	940.000	169.200	169.200

Rupees One Thousand One Hundred Nine 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