

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/24-25/935
Date of Invoice : 08-08-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 26904

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 05-08-2024

Billed to :
DCDC COMMON HEALTH CENTER MAHADEVPUR
DIALYSIS UNIT, COMMON HEALTH CENTER, GOV

Shipped to :
DCDC COMMON HEALTH CENTER MAHADEVPUR
DIALYSIS UNIT, COMMON HEALTH CENTER
OPP- MADAL OFFICE, JAYASANKAR BHUPALAPAL
MAHADEVPUR , TELANGANA - 505504

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

Party Mobile No : 8851340767
GSTIN / UIN :
D.L. No. :

MAHADEVPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	20	0	1*50	GB MAXIM 10ML SYRINGE	90183100	A1101024B0	Jan-2029	0.00	175.00	0.00%	12%	3,920.00
2	--	--	--	FREIGHT CHARGES	996812			0.00	--	0.00%	18%	932.20

Total 4,852.20

Less : Rounded Off (-)

0.20

20.00 0.00

Grand Total

4,852.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	3,500.000	420.000	420.000
18%	790.000	142.200	142.200
Total	4,290.000	562.200	562.200

Rupees Four Thousand Eight Hundred Fifty Two Only

Stock/No. of Boxes Received 01
Subject to Physical Check
Name/Employee Code SURESH DC02771
Centre Name : Mahadevpur
Date/Time 21/08/2024
Signature M. No. 9121664809.

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