

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate 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/24-25/1639
 Date of Invoice : 23-10-2024
 Place of Supply : Delhi (07)
 GR/RR No. :
 PO NO. : 27796

Transport : N/A
 Vehicle No. :
 Station : KRISHNA NAGAR
 E-Way Bill No. :
 PO DATE : 04-10-2024

Billed to :

DCDC HEALTH SERVICE PVT LTD
 C-185 , FIRST FLOOR , MAYAPURI INDUS.
 AREA PHASE -2 , MAYAPURI
 NEW DELHI-110064

Party Mobile No : 9811561247
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DCDC HEALTH SERVICE PVT LTD
 DIALYSIS UNIT , H - 1 KAILASH PARK
 NEAR MOTI NAGAR METRO PILLAR NO - 330
 MOTI NAGAR , NEW DELHI - 110015

Party Mobile No : 8051755839
 GSTIN / UIN :
 D.L. No. :

MOTI NAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	200	0		CATHERIZATION ON KIT	30059090			0.00	28.00	0.00%	6%+6%	6,272.00
2	10	0		HDC DL KIT CURVED	90183930			0.00	790.00	0.00%	6%+6%	8,848.00

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No.

Total 15,120.00

Add : Rounded Off (+)

0.00

210.00 0.00

Grand Total ₹ 15,120.00

Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
12%	13,500.000	810.000	810.000	1,620.000

Rupees Fifteen Thousand One 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

Authorized Signatory



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