

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

1 Bill

Invoice No. : AP/24-25/265
 Date of Invoice : 08-05-2024
 Place of Supply : Bihar (10)
 GR/RR No. :
 PO NO. : 26073

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

Billed to :
 DCDC DHARAMSHEELA DEVI HOSPITAL NAWADA
 DIALYSIS UNIT, DHARAMSHEELA DEVI HOSPITA

Shipped to :
 DCDC DHARAMSHEELA DEVI HOSPITAL NAWADA
 DIALYSIS UNIT, DHARAMSHEELA DEVI
 HOSPITAL, NEAR ITI COLLEGE, KENDUA
 NAWADA, BIHAR - 805110

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

Party Mobile No : 9304889041
 GSTIN / UIN :
 D.L. No. :

NAWADA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	2	0	1*100	HYPODERMIC STERILE SYRINGE SPL	9018	68912023	Nov-2028	0.00	195.00	0.00%	12%	436.80
2	2	0		DYNAPLAST -	3005			0.00	149.50	0.00%	12%	334.88
3	10	0		TAB BIOCETAMOL 500MG	30049069	CPTV1513	Oct-2025	0.00	9.50	0.00%	12%	106.40
4	10	0		TAB ARKAMIN (CLODICT)	30049076	23LT1604	Nov-2026	0.00	26.00	0.00%	12%	291.20
5	4	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	1,030.40
6	50	0		INH HYDROCORTISONE 100MG (EPPCD)	3004	24GC020	Feb-2026	40.70	23.50	0.00%	5%	1,233.75
7	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	885.00

Total 4,318.43

Less : Rounded Off (-) 0.43

Grand Total 4,318.00

78.00 0.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,964.000	235.680	235.680
5%	1,175.000	58.750	58.750
18%	750.000	135.000	135.000
Total	3,889.000	429.430	429.430

Rupees Four Thousand Three Hundred Eighteen 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

Stock/No. of Boxes Received 1 Box
 Subject to Physical Check
 Name/Employee Code DC0333
 Centre Name Dharamsheela Dew
 Date/Time 21.05.2024
 Signature [Signature] M. N. 745

[Signature]
 883232