

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/24-25/529
 Date of Invoice : 12-06-2024
 Place of Supply : Bihar (10)
 GR/RR No. :
 PO NO. : 26369

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 04-06-2024

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.	From	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	25	0		INJ PANTAPROZOLE 40MG	3004	IG23047G	Feb-2026	0.00	14.30	0.00%	12%	400.40
2	1	0	1*50	INJ REVIL 1*50	30049039	.PH-71	Aug-2025	0.00	165.00	0.00%	12%	164.80
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	342.20

Less : Rounded Off (-)

Total 927.40
0.40

26.00 0.00

Grand Total ₹ 927.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	522.500	62.700	62.700
18%	290.000	52.200	52.200
Total	812.500	114.900	114.900

Rupees Nine Hundred Twenty Seven 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

Stock/No. of Boxes Received 1 box Authorised Signatory
 Subject to Physical Check
 Name/Employee Code D03133
 Centre Name Dharamsheela Devi Hospital (Nawada)
 Date/Time 11:30 AM / 13/06/24
 Signature [Signature] M. No. 7645883232