

IN : 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/24-25/1340
 Date of Invoice : 17-09-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 27317

Transport : N/A
 Vehicle No. :
 Station : BHATKAL
 E-Way Bill No. :
 PO DATE : 04-09-2024

Billed to :
 DCDC TALUKA HOSPITAL BHATKAL
 DIALYSIS UNIT, TALUKA HOSPITAL BHATKAL ,

Shipped to :
 DCDC TALUKA HOSPITAL BHATKAL
 DIALYSIS UNIT, TALUKA HOSPITAL
 BHATKAL , KARNATKA - 581320

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

Party Mobile No : 8105942976
 GSTIN / UIN :
 D.L. No. :

BHATKAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		NON WOVEN BED SHEET	63071030			0.00	13.00	0.00%	5%	6,825.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,563.50

Total 8,388.50
 Add : Rounded Off (+) 0.50

500.00 0.00

Grand Total ₹ 8,389.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	6,500.000	325.000	325.000
18%	1,325.000	238.500	238.500
Total	7,825.000	563.500	563.500

Rupees Eight Thousand Three Hundred Eighty Nine Only

Bank Details : UJJIVAN SMALL FINANCE BANK,, A/c : 2207120040000335; IFSC - UJVN0002807

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 :

Stock/No. of Boxes Received
 Subject to Physical Check Yes For Anil Pharma
 Name/Employee Code Bhushan
 Centre Name Bhatkal
 Date/Time 24.09.24
 Signature Bhushan M. No. 9916678744
 Authorised Signatory

