

GSTIN : 07AAPP6291A1ZR

## TAX INVOICE

## 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/24-25/945  
Date of Invoice : 09-08-2024  
Place of Supply : Jharkhand (20)  
GR/RR No. :  
PO NO. : 26961Transport : N/A  
Vehicle No. :  
Station :  
E-Way Bill No. :  
PO DATE : 05-08-2024**Billed to :**  
DCDC MGM HOSPITAL JAMSHEDPUR  
MGM HOSPITAL , EAST SINGHMAM BAGH SAKCHI  
DISTRICT JAMSHEDPUR**Shipped to :**  
DCDC MGM HOSPITAL JAMSHEDPUR  
DIALYSIS UNIT, MGM HOSPITAL  
EAST SINGHBHAM SAKSHI, JAMSHEDPUR  
JHARKHAND - 831001Party Mobile No :  
GSTIN / UIN :  
D.L. No. :Party Mobile No : 6202873068  
GSTIN / UIN :  
D.L. No. :

JAMSHEDPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	200	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
2	200	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
3	2	0	1*50	GB MAXIM 10ML SYRINGE	90183100	A110102480	Jan-2029	0.00	175.00	0.00%	12%	392.00
4	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	955.80

Total 4,483.80

Add : Rounded Off (+)

0.20

402.00 0.00

Stock/No. of Boxes Received ..... 01 .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name ..... MGM Hospital, Jamshedpur  
 Date/Time ..... 14-08-24 (11:15 AM)  
 Signature ..... M. No. 209501930

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	3,150.000	378.000	378.000
18%	810.000	145.800	145.800
<b>Total</b>	<b>3,960.000</b>	<b>523.800</b>	<b>523.800</b>

Rupees Four Thousand Four Hundred Eighty Four Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

## Terms &amp; Conditions

## E.&amp; 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

Authorised Signatory