

5 Box

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/24-25/617
Date of Invoice : 06-07-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 26563

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-07-2024

Billed to :
DCDC TALUKA HOSPITAL BYADGI
DIALYSIS UNIT, TALUKA HOSPITAL AGASANHAL

Shipped to :
DCDC TALUKA HOSPITAL BYADGI
DIALYSIS UNIT, TALUKA HOSPITAL
AGASANHALLI ROAD , BYADGI
KARNATKA - 581106

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

Party Mobile No : 6361259951
GSTIN / UIN :
D.L. No. :

BYADGI

Table with 12 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Contains 11 rows of product details including IV SET-ECO, PAPER TAPE, GB MAXIM, FITSULA, CATHERIZATION, DYNAPLAST, EXAM GLOVES, and NON WOVEN BED SHEET.

Total 18,842.68

Add : Rounded Off (+) 0.32

877.00 0.00

Grand Total ₹ 18,843.00

Table with 4 columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Rows for 12%, 5%, 18% and a Total row.

Rupees Eighteen Thousand Eight Hundred Forty Three 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 :

Stock/No. of Boxes Received 5 Box
Subject to Physical Check
Name/Employee Code Suresh A.M For Anil Pharma
Centre Name Byadgi Unit
Date/Time 11/07/2024 12 pm
Signature Suresh M. No. 6361259951
Authorised Signatory

6361259951