

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

2B2

Invoice No. : AP/24-25/226	Transport : N/A
Date of Invoice : 07-05-2024	Vehicle No. :
Place of Supply : Telangana (36)	Station :
GR/RR No. :	E-Way Bill No. :
PO NO. : 26037	PO DATE : 03-05-2024

Billed to :
DCDC COMMON HEALTH CENTER MAHADEVPUR
DIALYSIS UNIT, COMMON HEALTH CENTER, GOV

Shipped to :
DCDC COMMON HEALTH CENTER MAHADEVPUR
DIALYSIS UNIT, COMMON HEALTH CENTER
OPP. OF MADAL OFFICE, DIST - JAYASHANKAR
BHUPALAPALLY, MAHADEVPUR
TELANGANA - 505504

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

Party Mobile No : 8851340767
GSTIN / UIN :
D.L. No. :

MAHADEVPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	600	0		IV SET-ECO	9018	HCR23030	Feb-2027	0.00	6.50	0.00%	12%	4,368.00
2	12	0	1*50	HYPODERMIC STERILE SYRINGE 10M	9018	11803024	Feb-2029	0.00	175.00	0.00%	12%	2,352.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,268.50

Stock/No. of Boxes Received *02*
 Subject to Physical Check
 Name/Employee Code *Suresh 2771*
 Centre Name : Mahadevpur
 Date/Time *15.05.24 1:30 PM.*
 Signature *[Signature]* M. No. *9121864309.*

Total **7,988.50**
 Add : Rounded Off (+) **0.50**

612.00 0.00 **Grand Total 7,989.00**

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	6,000.000	720.000	720.000
18%	1,075.000	193.500	193.500
Total	7,075.000	913.500	913.500

Rupees Seven Thousand Nine Hundred Eighty Nine 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

Authorised Signatory