

D7AAPP06291A12R

2 Box

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. : 208-137393, 218-137394

Invoice No. : AP/24-25/1666
 Date of Invoice : 23-10-2024
 Place of Supply : Uttar Pradesh (09)
 GR/IR No. :
 PO NO. : 27896

Transport : N/A
 Vehicle No. :
 Station : CHANDAULI
 E-Way Bill No. :
 PO DATE : 04-10-2024

Billed to :

DCDC DISTRICT HOSPITAL CHANDAULI
 DIALYSIS UNIT, PT. KAMLA PATI TRIPATHI
 DISTRICT HOSPITAL, CHANDAULI
 UTTAR PRADESH-232104

Shipped to :

DCDC DISTRICT HOSPITAL CHANDAULI
 DIALYSIS UNIT, PT. KAMLAPATI TRIPATHI
 DISTRICT HOSPITAL, CHANDAULI
 UTTAR PRADESH - 232104

Party Mobile No : 9935020597
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 8115409765
 GSTIN / UIN :
 D.L. No. :

CHANDAULI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,000	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
2	1,000	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,829.00

Stock/No. of Boxes Received *Two*.....
 Subject to Physical Check *Done*
 Name/Employee Code *DC0213*.....
 Centre Name *DH Chandauli*.....
 Date/Time *11.10.2024, 07.00 P.M*
 Signature *Alakshya*.....M. No. *8115409765*

Total 17,509.00

2,000.00 0.00

Grand Total ₹ 17,509.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	14,000.000	1,680.000	1,680.000
18%	1,550.000	279.000	279.000
Total	15,550.000	1,959.000	1,959.000

Rupees Seventeen Thousand Five Hundred Nine Only**Bank Details :** UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

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 :

Anil Pharma
 Authorised Signatory

