

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate 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/24-25/1636  
 Date of Invoice : 23-10-2024  
 Place of Supply : Delhi (07)  
 GR/RR No. :  
 PO NO. : 27730

Transport : BY HAND  
 Vehicle No. :  
 Station : KRISHNA NAGAR  
 E-Way Bill No. :  
 PO DATE : 04-10-2024

**Billed to :**

DCDC HEALTH SERVICE PVT LTD  
 C-185 , FIRST FLOOR , MAYAPURI INDUS.  
 AREA PHASE -2 , MAYAPURI  
 NEW DELHI-110064

**Shipped to :**

DCDC HEALTH SERVICE PVT LTD  
 DIALYSIS UNIT, BHAGAT CHANDRA HOSPITAL  
 RZ-F 1/1 MAHAVIR ENCLAVE NEAR AIRPORT  
 DWARKA , NEW DELHI - 110045

Party Mobile No : 9811561247

GSTIN / UIN :

D.L. No. :

Party Mobile No : 8287173256

GSTIN / UIN :

D.L. No. :

BHAGAT CHANDRA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	6%+6%	3,920.00

Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature .....  
 Bhagat Chandra  
 Manisha  
 30/10/24  
 M. No. 8506014008

Total 3,920.00

500.00 0.00

Grand Total ₹ 3,920.00

Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
12%	3,500.000	210.000	210.000	420.000

**Rupees Three Thousand Nine Hundred Twenty 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

