

GSTIN : 07AAPP66291A1ZR

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/24-25/798
Date of Invoice : 17-07-2024
Place of Supply : Haryana (06)
GR/RR No. :
PO NO. : 26660Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-07-2024**Billed to :**DCDC PREM HOSPITAL PANIPAT
PREM HOSPITAL, LHDM & DR PREM HSOPITAL
BISHAN SARUP COLONY OPP. BUS STAND
PANIPAT HARYANA-132103Party Mobile No : 8506000689
GSTIN / UIN :
D.L. No. :**Shipped to :**DCDC PREM HOSPITAL PANIPAT
DIALYSIS UNIT, PREM HOSPITAL
BISHAN SARUP COLONY, OPP- BUS STAND
PANIPAT , HARYANA - 132103Party Mobile No : 9671899298
GSTIN / UIN :
D.L. No. :

PREM PANIPAT

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	300	0		IV SET-ECO	9018	REM54115	Jan-2027	0.00	6.50	0.00%	12%	2,184.00
2	200	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
3	200	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
4	4	0	1*50	GB MAXIM 10ML SYRINGE	90183100	A110102480	Jan-2029	0.00	175.00	0.00%	12%	784.00
5	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	849.94

Stock/No. of Boxes Received 00 01
Subject to Physical Check
Name/Employee Code 967189298
Centre Name Prem Hospital
Date/Time 17/07/24
Signature M. No. 967189298

Total 6,953.94
0.06

.Add : Rounded Off (+)

704.00 0.00

Grand Total ₹ 6,954.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	5,450.000	654.000	654.000
18%	720.290	129.652	129.652
Total	6,170.290	783.652	783.652

Rupees Six Thousand Nine Hundred Fifty Four Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000305; 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