

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/24-25/1502
Date of Invoice : 11-10-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 27825

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

Billed to :

DCDC DISTRICT HOSPITAL JANGAON
DISLYSIS UNIT, DISTRICT HOSPITAL NEAR OP

Shipped to :

DCDC DISTRICT HOSPITAL JANGAON
DIALYSIS UNIT, DISTRICT HOSPITAL
OPP - BSNL OFFICE , VEGETABLE MARKET
JANGAON , TELANGANA - 506167

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

Party Mobile No : 9014879397
GSTIN / UIN :
D.L. No. :

JANGAON

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	5	0		DYNAPLAST	30059090	A000023	---	0.00	149.50	0.00%	12%	837.20
2	50	0		EXAM GLOVES (M) 49 Pieces	40151200			0.00	230.00	0.00%	12%	12,880.00
3	500	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	3,920.00
4	500	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	3,920.00
5	1,000	0		IV SET-ECO	90183990	AIV54101	Jul-2027	0.00	6.50	0.00%	12%	7,280.00
6	100	0		MICROPORE 3" ✓	30059060	2407118	Jun-2027	0.00	75.00	0.00%	12%	8,400.00
7	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	2,885.10

Stock/No. of Boxes Received 03 Boxes
Subject to Physical Check
Name/Employee Code DC02995
Centre Name G. S. H. Jangaon
Date/Time 11-10-2024
Signature G. S. H. M. No. 9014879397

Note: 1) Exam Gloves (49) Boxes Received
2) Micro pore 100 Received

Total 40,122.30
Less : Rounded Off (-) 0.30

2,155.00 0.00

Grand Total ₹ 40,122.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
2%	33,247.500	3,989.700	3,989.700
8%	2,445.000	440.100	440.100
Total	35,692.500	4,429.800	4,429.800

Rupees Forty Thousand One Hundred Twenty Two 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 not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorised Signatory