

2 Box

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/24-25/653
Date of Invoice : 09-07-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 26583

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-07-2024

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	1,500	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	11,760.00
2	3	0		LASA BOX	3924			0.00	310.00	0.00%	18%	1,097.40
3	100	0		Povinzanz M/B Powder	30049087	N0140195	Jan-2027	45.00	15.00	0.00%	12%	1,680.00
4	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,646.10

Stock/No. of Boxes Received 02 Boxes
Subject to Physical Check
Name/Employee Code DC02795
Centre Name G.G.H. Jangaon
Date/Time 18-07-2024
Signature G. Al M. No. 9014879397

Total 16,183.50
0.50

Add : Rounded Off (+)

1,603.00 0.00

Grand Total ₹ 16,184.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	12,000.000	1,440.000	1,440.000
18%	2,325.000	418.500	418.500
Total	14,325.000	1,858.500	1,858.500

Rupees Sixteen Thousand One Hundred Eighty Four 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