

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-137794

Invoice No. : AP/24-25/029
 Date of Invoice : 08-04-2024
 Place of Supply : Telangana (36)
 GR/RR No. :
 PO NO. : 25818

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 05-04-2024

Billed to :
 DCDC DISTRICT HOSPITAL JANGAON
 DISLYSIS UNIT, DISTRICT HOSPITAL NEAR OP

Shipped to :
 DCDC DISTRICT HOSPITAL JANGAON
 DISLYSIS UNIT, DISTRICT HOSPITAL
 NEAR 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	60	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	15,456.00
2	1,000	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
3	1,000	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
4	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	3,534.10

Stock/No. of Boxes Received 05 Boxes
 Subject to Physical Check
 Name Employee Code DC02795
 Centre Name G.C.H. Jangaon
 Date 08-04-2024
 Signature G.A. No. 9014879397

Total **34,670.10**
 Less : Rounded Off (-) 0.10

2,060.00 0.00

Grand Total ₹ **34,670.00**

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	27,800.000	3,336.000	3,336.000
18%	2,995.000	539.100	539.100
Total	30,795.000	3,875.100	3,875.100

Rupees Thirty Four Thousand Six Hundred Seventy 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