

3 Box

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Original Copy

Anil PharmaC- 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/24-25/1621	Transport : N/A
Date of Invoice : 22-10-2024	Vehicle No. :
Place of Supply : Telangana (36)	Station :
GR/RR No. :	E-Way Bill No. :
PO NO. : 27825	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	1,500	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	11,760.00
2	1,500	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	11,760.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	2,348.20

Stock/No. of Boxes Received 01 Bags
Subject to Physical Check
Name/Employee Code DC02795
Centre Name DCDC Jangaon
Date/Time 05-11-2024
Signature A. A. M. No. 9014879397

Total 25,868.20

Less : Rounded Off (-)

0.20

3,000.00 0.00

Grand Total ₹ 25,868.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	21,000.000	2,520.000	2,520.000
18%	1,990.000	358.200	358.200
Total	22,990.000	2,878.200	2,878.200

Rupees Twenty Five Thousand Eight Hundred Sixty Eight 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 is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma
Anil Pharma
Authorised Signatory
DELHI