

IN : 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/24-25/1622	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. : 27943	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	40	0	1*50	HMD 10ML SYRING	90183100	442102JC2	Sep-2029	0.00	247.50	0.00%	12%	11,088.00

Stock/No. of Boxes Received 02 Boxes
 Subject to Physical Check
 Name/Employee Code DC02795
 Centre Name G. G. H. Jangaon
 Date/Time 05-11-2024
 Signature M. No. 9014879397

Total 11,088.00

40.00 0.00

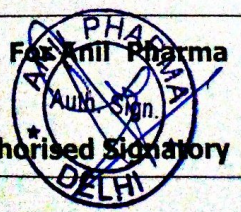
Grand Total ₹ 11,088.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	9,900.000	1,188.000	1,188.000

Rupees Eleven Thousand Eighty Eight 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 :

Authorised Signatory
 DELHI