

6 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/24-25/042
Date of Invoice : 08-04-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 25834

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

Billed to : DCDC DISTRICT HOSPITAL PILIBHIT
DIALYSIS UNIT, DISTRICT HOSPITAL
NEAR KENDRIYA VIDYALAYA, TANAKPUR ROAD
EKTA NAGAR, PILIBHIT UP-262001

Shipped to : DCDC DISTRICT HOSPITAL PILIBHIT
DIALYSIS UNIT, DISTRICT HOSPITAL
NEAR KENDRIYA VIDYALAYA, TANAKPUR ROAD
EKTA NAGAR, PILIBHIT UP-262001

Party Mobile No : 8447444344
GSTIN / UIN :
D.L. No. :

Party Mobile No : 9045801912
GSTIN / UIN :
D.L. No. :

PILIBHIT

Table with 13 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Contains 22 rows of product details.

Total 42,761.22

Less : Rounded Off (-)

0.22

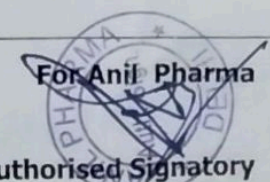
Bank Details : UJJIVAN SMALL FINANCE BANK,, A/c : 2207120040000335; IFSC - UJVN0002207

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

Stock/No. of Boxes Received 6

Subject to Physical Check

Name/Employee Code D. J. ... DC02888

Centre Name Dist Hospital Pilibhit

Date/Time 1:30 PM 13/4/24

Signature M. No. 9219907300