

258966386

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

1 Box

Invoice No. : AP/24-25/246
Date of Invoice : 07-05-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 25985

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 03-05-2024

Billed to :
DCDC TALUKA HOSPITAL SIDDHAPURA
DIALYSIS UNIT, TALUKA HOSPITAL DIST. UTT

Shipped to :
DCDC TALUKA HOSPITAL SIDDHAPURA
DIALYSIS UNIT, TALUKA HOSPITAL
DIST - UTTAR KANNADA , SIDDHAPURA
KARNATKA - 581355

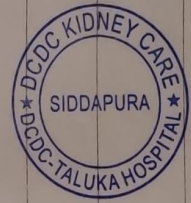
Party Mobile No :
GSTIN / UIN :
D.L. No. :

Party Mobile No : 8867417094
GSTIN / UIN :
D.L. No. :

SIDDHAPURA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(`)
1	10	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	2,576.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,003.00

Stock/No. of Boxes Received 01
Subject to Physical Check
Name/Employee Code Pullavi Naik
Centre Name Siddhapura
Date/Time 14/05/2024
Signature [Signature] M. No. 7090609181



Total 3,579.00

10.00 0.00 Grand Total 3,579.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	2,300.000	276.000	276.000
18%	850.000	153.000	153.000
Total	3,150.000	429.000	429.000

Rupees Three Thousand Five Hundred Seventy Nine 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

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