

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/24-25/1671  
 Date of Invoice : 23-10-2024  
 Place of Supply : Haryana (06)  
 GR/RR No. :  
 PO NO. : 27831

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 04-10-2024

**Billed to :**  
 DCDC CIVIL HOSPITAL NARNAUL  
 CIVIL HOSPITAL , NEW MANDI MOHALLA  
 NARNAUL  
 HARYANA-123001

**Shipped to :**  
 DCDC CIVIL HOSPITAL NARNAUL  
 DIALYSIS UNIT, CIVIL HOSPITAL  
 NEW MOHALLA MANDI , NARNAUL  
 HARYANA - 123001

Party Mobile No : 7008893340  
 GSTIN / UIN :  
 D.L. No. :

Party Mobile No : 9119154122  
 GSTIN / UIN :  
 D.L. No. :

NARNAUL

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	500	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	3,920.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,357.00

Stock/No. of Boxes Received ..... 2 BOX  
 Subject to Physical Check ..... YES  
 Name/Employee Code ..... Madhu Dco 2612  
 Centre Name ..... G. H. Narnaul  
 Date/Time ..... 07/11/2024 ..... 2:30 PM  
 Signature ..... [Signature] ..... M. No. 9467656135

Total 17,037.00

2,000.00 0.00

Grand Total ₹ 17,037.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	14,000.000	1,680.000	1,680.000
18%	1,150.000	207.000	207.000
<b>Total</b>	<b>15,150.000</b>	<b>1,887.000</b>	<b>1,887.000</b>

Rupees Seventeen Thousand Thirty Seven Only

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

Terms &amp; Conditions

E.&amp; 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  
 Anil  
 \*  
 Authorised Signatory  
 DELHI