TAX INVOICE

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. Date of Invoice

: AP/24-25/1353 : 19-09-2024

Place of Supply : Uttar Pradesh (09)

GR/RR No.

PO NO.

: 27332

Transport

Vehicle No.

Station

: MAHARAJGANJ

: N/A

E-Way Bill No. PO DATE

: 04-09-2024

Billed to :

DCDC DISTRICT HOSPITAL MAHARAJGANJ DIALYSIS CENTER, DISTRICT HOSPITAL FAREDA ROAD, NEAR HEADQUARTERS MAHARAJGANJ, UTTAR PRADESH-273303

Party Mobile No: 8447444344

GSTIN / UIN D.L. No.

Shipped to :

DCDC DISTRICT HOSPITAL MAHARAJGANJ DIALYSIS UNIT, DISTRICT HOSPITAL FAREDA ROAD, NEAR HEADQUARTER MAHARAJGANJ, UTTAR PRADESH - 273303

Party Mobile No : 9792818661

GSTIN / UIN D.L. No.

MAHARAJGANJ

.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(`)
1	90	0		PAPER TAPE 2" 9.1MTR	30059060			0.00	46.60	0.00%	12%	4,697.28
				n	CUCHODI OF				,			
				DA DA	COCHSPL CEN MATER ATE 23/	RE-DIST. HI	SPITAL MA	HARAJGANI				
				Tìi	ME	RECEIV	ED BY,	2n	2			
								2				

Total

Grand Total

Original Copy

4,697.28

4,697.00

0.28

90.00 0.00

Tax Rate Taxable Amt. IGST Amt. Total Tax

4,194.000 503.280 503.280

Rupees Four Thousand Six Hundred Ninety Seven 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 :

Less: Rounded Off (-)

For Anil Pharma

Authorised Signatory