

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/24-25/1542  
Date of Invoice : 16-10-2024  
Place of Supply : Jharkhand (20)  
GR/RR No. :  
PO NO. : 27970

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

**Billed to :**

DCDC SADAR HOSPITAL SIMDEGA  
SADAR HOSPITAL , NH-23 , THANA TOLLI  
SALDEGA , SIMDEGA  
JHARKHAND-835223

Party Mobile No : 8506000395  
GSTIN / UIN :  
D.L. No. :

**Shipped to :**

DCDC SADAR HOSPITAL SIMDEGA  
DIALYSIS UNIT, SADAR HOSPITAL  
THANA TOLI , SALDEGA , SIMDEGA  
JHARKHAND - 835223

Party Mobile No : 8506000395  
GSTIN / UIN :  
D.L. No. :

SIMDEGA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	10	0		TAB BIOCETAMOL 500MG	30049069	CPTV1513	Oct-2025	0.00	9.50	0.00%	12%	106.40
2	400	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	630.00

Total 736.40

Less : Rounded Off (-)

0.40

410.00 0.00

Grand Total ₹ 736.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	95.000	11.400	11.400
5%	600.000	30.000	30.000
<b>Total</b>	<b>695.000</b>	<b>41.400</b>	<b>41.400</b>

Rupees Seven Hundred Thirty Six Only

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

## Terms &amp; Conditions

## E.&amp; O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

Stock/No. of Boxes Received ..... 01 Box  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name ..... D.H. Simdega  
Date/Time ..... 2-11-24 3:15 PM  
Signature ..... M. No. 985239324



Authorized Signatory

