

1 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/24-25/1623  
 Date of Invoice : 22-10-2024  
 Place of Supply : Telangana (36)  
 GR/RR No. :  
 PO NO. : 27948

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

**Billed to :**

DCDC GOVT. AREA HSOPITAL KOTHAGUDEM  
 GOVT. AREA HOSPITAL, GAJULARAJAM BHASTHI

**Shipped to :**

DCDC GOVT. AREA HSOPITAL KOTHAGUDEM  
 DIALYSIS UNIT, AREA HOSPITAL  
 GAJULARAJAM BHASTI, BAGAMANDIR ROAD  
 KOTHAGUDEM , TELANGANA - 507101

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

Party Mobile No : 8317544638  
 GSTIN / UIN :  
 D.L. No. :

KOTHAGUDEM

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	20	0	1*50	HMD 10ML SYRING	90183100	442102JC2	Sep-2029	0.00	247.50	0.00%	12%	5,544.00
2	--	--	--	FREIGHT CHARGES	996812			0.00	--	0.00%	18%	973.50

Stock/No. of Boxes Received ..... 01 .....  
 Subject to Physical Check  
 Name/Employee Code ..... B. Koram .....  
 Centre Name : Kothagudem  
 Date/Time ..... 26/10/2024 .....  
 Signature ..... M. No. ....

Total 6,517.50  
 Add : Rounded Off (+) 0.50

20.00 0.00

Grand Total ₹ 6,518.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	4,950.000	594.000	594.000
18%	825.000	148.500	148.500
<b>Total</b>	<b>5,775.000</b>	<b>742.500</b>	<b>742.500</b>

**Rupees Six Thousand Five Hundred Eighteen Only****Bank Details : UJJIVAN SMALL FINANCE BANK,, A/c : 2207120040000335; IFSC - UJVN0002207****Terms & 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 :

ANIL PHARMA  
 For Anil Pharma  
 Auth Sign  
 \*  
 Authorised Signatory  
 DELHI