

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/2022-23/1313
 Date of Invoice : 23-03-2023
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 21993-1

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 06-03-2023

Billed to :

DCDC FORD HOSPITAL VARANASI
 FORD HOSPITAL GHAT ROAD, NAER BHU
 TRAUMA CENTER , BALAJI NAGAR COLONY
 VARANASI , UTTAR PRADESH-221005

Shipped to :

DCDC FORD HOSPITAL VARANASI
 FORD HOSPITAL GHAT ROAD, NAER BHU
 TRAUMA CENTER , BALAJI NAGAR COLONY
 VARANASI , UTTAR PRADESH-221005

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

Party Mobile No : 7071714200
 GSTIN / UIN :
 D.L. No. :

FORD VARANASI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	50	0		BT SET (NV)	90183990	BT01012023	Dec-2027	0.00	19.00	0.00%	12%	1,064.00

DCDCHSPL CENTRE-FORD HOSPITAL VARANASI
MATERIAL RECEIVED

DATE 13/4/23

TIME 11:00

RECEIVED BY

Sambh

Add : Freight & Forwarding Charges

Total 1,064.00
 150.00

50.00 0.00

Grand Total ₹ 1,214.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	950.000	114.000	114.000

Rupees One Thousand Two Hundred Fourteen 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 :

ANIL PHARMA
 For Anil Pharma

Authorised Signatory