

3 Box

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/24-25/614
Date of Invoice : 06-07-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 26662

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-07-2024

Billed to :
DCDC TALUKA HOSPITAL HALIYAL
DIALYSIS UNIT, TALUKA HOSPITAL
DIST - UTTAR KANNADA, HALIYAL,
KARNATKA - 581329

Shipped to :
DCDC TALUKA HOSPITAL HALIYAL
DIALYSIS UNIT, TALUKA HOSPITAL
DIST - UTTAR KANNADA, HALIYAL
KARNATKA - 581329

Party Mobile No : 9449373161
GSTIN / UIN :
D.L. No. :

Party Mobile No : 9449373161
GSTIN / UIN :
D.L. No. :

HALIYAL

Table with 13 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). It lists various medical supplies like IV SET-ECO, SURGICARE GLOVES, CATHERIZATION OFF KIT, etc.

Total 17,383.40
Less : Rounded Off (-) 0.40

929.00 0.00

Grand Total ₹ 17,383.00

Table with 4 columns: Tax Rate, Taxable Amt, IGST Amt, Total Tax. It shows tax calculations for 12%, 5%, and 18% rates.

Rupees Seventeen Thousand Three Hundred Eighty Three Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN000220

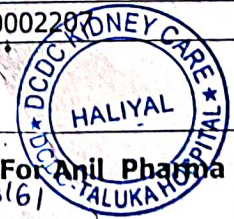
Terms & Conditions

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

Stock/No. of Boxes Received 03
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature



For Anil Pharma

Authorised Signatory