

2 Pcs

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/24-25/1663
 Date of Invoice : 23-10-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 27908

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

Billed to :

DCDC DISTRICT HOSPITAL KUSHINAGAR
 COMBINED DISTRICT HOSPITAL
 RABINDRA NAGAR ROAD,
 RABINDRA NAGAR DHOOS KUSHI NAGAR
 UTTAR PRADESH-274402

Party Mobile No : 8506007856
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DCDC DISTRICT HOSPITAL KUSHINAGAR
 DIALYSIS UNIT, DISTRICT HOSPITAL
 RAVINDARA DHUS , PADRAUNA
 KUSHINAGAR, UTTAR PRADESH - 274304

Party Mobile No : 8506007856
 GSTIN / UIN :
 D.L. No. :

KUSHINAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,500	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	11,760.00
2	1,500	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	11,760.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,994.20

Stock/No. of Boxes Received 2 Box
 Subject to Physical Check 2 Box
 Name/Employee Code DC00240.....
 Centre Name DCDC KUSHINAGAR.....
 Date/Time 01.11.24 3:00.....
 Signature M. No. 7609514047

Total 25,514.20

Less : Rounded Off (-) 0.20

3,000.00 0.00

Grand Total ₹ 25,514.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	21,000.000	2,520.000	2,520.000
18%	1,690.000	304.200	304.200
Total	22,690.000	2,824.200	2,824.200

Rupees Twenty Five Thousand Five Hundred Fourteen Only

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

Terms & Conditions

- E.& 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 :



For Anil Pharma

Authorised Signatory

