

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/24-25/1073  
 Date of Invoice : 24-08-2024  
 Place of Supply : Karnataka (29)  
 GR/RR No. :  
 PO NO. : 27158

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 09-08-2024

**Billed to :**

DCDC TALUKA HOSPITAL YELLAPURA  
 DIALYSIS UNIT, TALUKA HOSPITAL DIST. UTT

**Shipped to :**

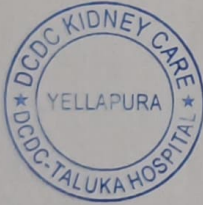
DCDC TALUKA HOSPITAL YELLAPURA  
 DIALYSIS UNIT, TALUKA HOSPITAL  
 DIST - UTTAR KANNADA, YELLAPURA  
 KARNATKA - 581359

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

Party Mobile No : 9686989388  
 GSTIN / UIN :  
 D.L. No. :

YELLAPURA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount( )
1	2	0		SYNTHETIC COVER FOR TROLLEY	42029900			0.00	1,280.00	0.00%	12%	2,867.20
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	542.80



Stock/No. of Boxes Received ..... 01 .....  
 Subject to Physical Check  
 Name Employee Code ..... Meeta / 0003474 .....  
 Centre Name ..... Tal. Yellapura .....  
 Date/Time ..... 31.08.2024 at 1pm .....  
 Signature ..... [Signature] ..... M. No. 9686989388

Total 3,410.00

2.00 0.00

Grand Total 3,410.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	2,560.000	307.200	307.200
18%	460.000	82.800	82.800
<b>Total</b>	<b>3,020.000</b>	<b>390.000</b>	<b>390.000</b>

Rupees Three Thousand Four Hundred Ten Only

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

## Terms &amp; 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 :

For Anil Pharma

Authorised Signatory