

11 Box

Original Copy

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

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/24-25/1599
Date of Invoice : 19-10-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 28057

Transport : DELHIVERY PRIVATE LIMITED
Vehicle No. :
Station : KUSHINAGAR
E-Way Bill No. : 751470092203
PO DATE : 08-10-2024

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	200	0		EXAM GLOVES (M)	40151200			0.00	230.00	0.00%	12%	51,520.00
2	3	0		DIAL CHECK-ANEROID SPHYG (BP)	90189011			0.00	850.00	0.00%	12%	2,856.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	2,655.00

Stock/No. of Boxes Received 11 Box.
Subject to Physical Check 11 Box.
Name/Employee Code 200240
Centre Name 29/11/29 2 km.
Date/Time 19/10/24
Signature M. No. 7001445097

Total 57,031.00

Grand Total ₹ 57,031.00

Tax Rate	Taxable Amt.	GST Amt.	Total Tax
12%	48,550.000	5,826.000	5,826.000
18%	2,250.000	405.000	405.000
Total	50,800.000	6,231.000	6,231.000

Rupees Fifty Seven Thousand Thirty One 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 :

For Anil Pharma

Authorised Signatory

