

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/24-25/142  
Date of Invoice : 15-04-2024  
Place of Supply : Karnataka (29)  
GR/RR No. :  
PO NO. : 25933

Transport : N/A  
Vehicle No. :  
Station :  
E-Way Bill No. :  
PO DATE : 08-04-2024

**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 : 8867417094  
GSTIN / UIN :  
D.L. No. :

YELLAPURA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount( )
1	50	0		IV SET-ECO	9018	REM54115	Jan-2027	0.00	6.50	0.00%	12%	364.00
2	1	0	1*50	HYPODERMIC STERILE SYRINGE 10M	9018	68512023	Nov-2028	0.00	175.00	0.00%	12%	196.00
3	-	-		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	531.00



Stock/No. of Boxes Received ..... 1 Box  
Subject to Physical Check  
Name/Employee Code ..... No. 1017  
Centre Name ..... Taluka Hospital, Yellapura  
Date/Time ..... 08.10.2024  
Signature ..... M. No. 9686989388

Total 1,091.00

51.00 0.00

Grand Total 1,091.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	500.000	60.000	60.000
18%	450.000	81.000	81.000
<b>Total</b>	<b>950.000</b>	<b>141.000</b>	<b>141.000</b>

**Rupees One Thousand Ninety One Only****Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207****Terms & Conditions**

E.&amp; 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**