* * TAX INVOICE * *

S.K. PHARMA

SHOP NO-10, C-BLOCK DDA COMMUNITY CENTRE
NR JANAK CINEMA JANAK PURI NEW DELHI-110058
Phone : MOB. 9911426969, 011-40618191

GSTIN : 07ASEPK2176P1ZA
State Code : 07
FSSAI No. : 13321011001062

PAN : ASEPK2176P
D.L.No.1 : DL-JNK-119455,57
D.L.No.2 : DL-JNK-119454,56
E-mail : skpharma10@gmail.com

Tax is Payable On Reverse Charge	: No	Transportation Mode	:
Invoice No.	: SKP-23-375	GR / LR No.	:
Invoice Date	: 16/05/2023	Date of Supply	: 16/05/2023
State	: Delhi State Code : 07	Place of Supply	: Delhi
		Order No.	:

Total Cases	: 0.00
GR/LR Date	: 16-May-23
Vehicle No.	:
Due Date	: 16-May-23
Ord Date	:

Details of Receiver (Bill To)

Name : **DCDC HEALTH SERVICE PVT LTD.**
Address : C-185 MAYA PURI INDUSTRIAL AREA
PH-2 MAYAPURI NEW DELHI
Phone/Mob. :
State : Delhi State Code: 07
GSTIN : 07AAFCD0204K1Z1
D.L No. :

Details of Consignee (Shipped To)

Name : **DCDC HEALTH SERVICE PVT LTD.**
Address : CIVIL HOSPITAL JIND
GOHANA-126102
23-052023-22504-3
Phone/Mob. :
State : Delhi State Code: 07
GSTIN : 07AAFCD0204K1Z1
D.L No. :

Sr.	PARTICULARS	HSN CODE	PACK	BATCH No.	Exp.	MRP.	QTY.	RATE	Total Value	DIS %	Taxable Value	CGST %	CGST Amount	SGST %	SGST Amount
1.	RENOCEL INJ. 4000 IU	30021500	PFS	11020160	02/25	1760.00	5	160.00	800.00	0.00	800.00	6.0	48.00	6.0	48.00
2.	RENOCEL INJ. 4000 IU	30021500	PFS	11020162	02/25	1760.00	33	160.00	5280.00	0.00	5280.00	6.0	316.80	6.0	316.80
3.	RENOCEL INJ. 4000 IU	30021500	PFS	11020163	02/25	1760.00	262	160.00	41920.00	0.00	41920.00	6.0	2515.20	6.0	2,515.20
	No of Items : 3						300		48000.00		48000.00		2880.00		2880.00

Stock/No. of Boxes Received ....300 Pcs
Subject to Physical Check
Name/Employee Code ....Shubham
Centre Name ....DCDC Civil Jind
Date/Time 17-5-23 12:40
Signature ....Shubham....M. No....8950128 40

GST SUMMARY : 48000.00 X 12 %= 5760.00 ,

Gross Total	**48000.00**
Add: SGST	2880.00
Add: CGST	2880.00
Total GST	5760.00
Round Off	0.00
Inv. Amt. R/Off	**53760.00**

Rupees: Fifty Three Thousand Seven Hundred Sixty Only

Terms & Conditions :-

E.&.O.E.

All disputes are subject to Delhi Jurisdiction.
BREAKAGE & EXPIRY GOODS NOT BE TAKEN BACK OR RETURN

For S.K. PHARMA

Authorised Signatory

Bank Name	: ICICI BANK	IFSC CODE	: ICIC0000571
Bank A/C	: 057105500102	MICR No	:
Branch	: PALAM		

(Computer Generated Invoice)