

N : 07AAPP6291A1ZR

TAX INVOICE

Quadruplicate 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/24-25/188	Transport : DELHIVERY PRIVATE LIMITED
Date of Invoice : 25-04-2024	Vehicle No. :
Place of Supply : Chhattisgarh (22)	Station : BILASPUR
GR/RR No. :	E-Way Bill No. : 731423068507
PO NO. : 25964	PO DATE : 22.04.2024

Billed to : DCDC CIMS BILASPUR DIALYSIS UNIT, CHATTISGARH INST. OF MEDICAL SCIENCE, SARDAR VALLABH BHAI PATEL HOSPITAL, BILASPUR CHHATTISGARH - 495009 Party Mobile No : 9009679646 GSTIN / UIN : D.L. No. :	Shipped to : DCDC CIMS BILASPUR DIALYSIS UNIT, CHATTISGARH INST. OF MEDICAL SCIENCE, SARDAR VALLABH BHAI PATEL HOSPITAL, BILASPUR CHHATTISGARH - 495009 Party Mobile No : 9009679646 GSTIN / UIN : D.L. No. :
---	--

CIMS BILASPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	10	0	1*100	ACCUSURE PLUS STRIP 1*100	38221990	239AB02007	Aug-2025	0.00	700.00	0.00%	12%	7,840.00
2	2	0		ACCUSURE PLUS GLUCOMETER	90278990			0.00	0.00	0.00%	12%	0.00
Total											7,840.00	

Total no. of boxes received 2
 Subject to Physical Check ✓
 Name/Employee Code P. D. S. 342
 Centre Name CIMS BILASPUR CA.
 Bank 9009679646


Grand Total	₹	7,840.00
--------------------	---	-----------------

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	7,000.000	840.000	840.000

Rupees Seven Thousand Eight Hundred Forty 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

