

\*\* 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

Page: 1

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

PAN : ASEPK21  
D.L.No.1 : DL-JNK-119455  
D.L.No.2 : DL-JNK-119454  
E-mail : skpharma10@gmail.com

Tax is Payable On Reverse Charge : No  
Invoice No. : SKP-23-127  
Invoice Date : 14/04/2023  
State : Delhi State Code : 07

Transportation Mode :  
GR / LR No. :  
Date of Supply : 14/04/2023  
Place of Supply : Delhi  
Order No. :  
Total Cases : 0.00  
GR/LR Date : 14-Apr-23  
Vehicle No. :  
Due Date : 14-Apr-23  
Ord Date :

### Details of Receiver (Bill To)

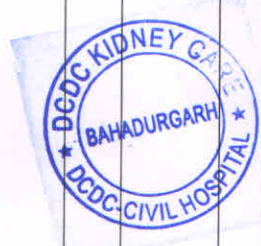
### Details of Consignee (Shipped To)

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. :

Name : DCDC HEALTH SERVICE PVT LTD.  
Address : CIVIL HOSPITAL BAHADURGARH  
PH-2 MAYAPURI NEW DELHI  
46-042023-22292-1  
Phone/Mob. :  
State : Delhi State Code:  
GSTIN : 07AAFCD0204K1Z1  
D.L.No. :

Sr.	PARTICULARS	HSN CODE	PACK	BATCH No.	Exp.	MRP.	QTY.	RATE	Total Value	DIS %	Taxable Value	CGST %	Amount	SGST %	Amount
1.	RENOCEL INJ. 4000 IU	30021500	PFS	11020150	11/24	1760.00	200	160.00	32000.00	0.00	32000.00	6.0	1920.00	6.0	1920.00

Stock/No. of Boxes Received ..... 2 Box  
Subject to Physical Check .....  
Name/Employee Code .....  
Centre Name ..... CIVIL Hospital Bahadurgarh  
Date/Time .....  
Signature ..... M. No. 850606622



No of Items : 1

200 32000.00 32000.00 1920.00 1920

GST SUMMARY : 32000.00 X 12 % = 3840.00 ,

Gross Total : 32000.00  
Add: SGST : 1920  
Add: CGST : 1920  
Total- GST : 3840  
Round Off : 0  
Inv. Amt. R/Off : 35840.00

Rupees: Thirty Five Thousand Eight Hundred Forty Only

Terms & Conditions :-

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

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

(Computer Generated Invoice)

For S.K. PHARMA  
New Delhi  
Authorized Signat

