

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/24-25/1101
Date of Invoice : 24-08-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 27167

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 09-08-2024

Billed to :

DCDC TALUKA HOSPITAL KAGWAD
DIALYSIS UNIT, TALUKA HOSPITAL
GANESHWADI KAGWAD , DIST - BELGAUM
KAGWAD , KARNATKA - 591223

Party Mobile No : 8618706258
GSTIN / UIN :
D.L. No. :

Shipped to :

DCDC TALUKA HOSPITAL KAGWAD
DIALYSIS UNIT, TALUKA HOSPITAL
GANESHWADI KAGWAD , DIST - BELGAUM
KAGWAD , KARNATKA - 591223

Party Mobile No : 8618706258
GSTIN / UIN :
D.L. No. :

KAGWAD

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(`)
1	1	0		SYNTHETIC COVER FOR TROLLY	42029900			0.00	1,280.00	0.00%	12%	1,433.60
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	306.80

Total 1,740.40
Less : Rounded Off (-) 0.40

1.00 0.00

Grand Total 1,740.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,280.000	153.600	153.600
18%	260.000	46.800	46.800
Total	1,540.000	200.400	200.400

Rupees One Thousand Seven Hundred Forty Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

Terms & Conditions

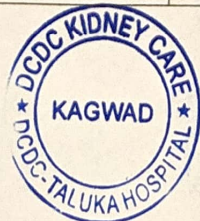
E.& O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorised Signatory



Stock/No. of Boxes Received

Subject to Physical Check

Name/Employee Code Avinash Madhale

Centre Name KAGWAD

Date/Time 12/10/2024

Signature M. No.

Madhale 9632359247



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