

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/24-25/176
 Date of Invoice : 20-04-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 25816

Transport : N/A
 Vehicle No. :
 Station : LALITPUR
 E-Way Bill No. :
 PO DATE : 05-04-2024

Billed to :

DCDC DISTRICT HOSPITAL LALITPUR
 DISTRICT HOSPITAL, DIALYSIS UNIT
 MANYAWAR KANSHIRAM JOINT DISTRICT
 HOSPITAL, CIVIL LINES, LALITPUR,
 UP-284403

Party Mobile No : 7253990299

GSTIN / UIN :

D.L. No. :

Shipped to :

DCDC DISTRICT HOSPITAL LALITPUR
 DIALYSIS UNIT, MANYAWAR KANSIRAM
 DISTRICT HOSPITAL, CIVIL LINES
 LALITPUR, UTTAR PRADESH - 284403

Party Mobile No : 8770441244

GSTIN / UIN :

D.L. No. :

LALITPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(')
1	500	0		GAUZE SWAB	30059090			0.00	6.00	0.00%	12%	3,360.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	531.00

Total 3,891.00

500.00 0.00

Grand Total 3,891.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	3,000.000	360.000	360.000
18%	450.000	81.000	81.000
Total	3,450.000	441.000	441.000

Rupees Three Thousand Eight Hundred Ninety One Only

Stock/No. of Boxes Received
 Subject to Physical Check ✓
 Name/Employee Code
 Centre Name
 Date/Time
 M. No.

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