

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate 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/24-25/180  
 Date of Invoice : 22-04-2024  
 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 : 12-04-2024

**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 KANSHIRAM  
 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	20	0		DIALYZER BOX	3923			0.00	230.00	0.00%	18%	5,428.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	531.00

Stock/No. of Boxes Received .....  
 Subject to Physical Check ✓  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. 9198387071

Total 5,959.00

Grand Total ₹ 5,959.00

20.00 0.00

Tax Rate Taxable Amt. IGST Amt. Total Tax  
 18% 5,050.000 909.000 909.000

Rupees Five Thousand Nine Hundred Fifty Nine 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