

Lalitpur

3 Rows

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/24-25/545
Date of Invoice : 14-06-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 26368

Transport : N/A
Vehicle No. :
Station : LALITPUR
E-Way Bill No. :
PO DATE : 04-06-2024

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 : 9198387871
GSTIN / UIN :
D.L. No. :

LALITPUR

Table with 12 columns: S.N., Qty, Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Contains 12 rows of product details including CIPLADINE OINTMENT, FACE MASK, FITSULA OFF KIT, etc.

Total 17,986.81
0.19

Add : Rounded Off (+)

1,985.00 0.00

Grand Total ₹ 17,987.00

Table with 4 columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Shows tax breakdown for 12%, 5%, and 18% rates.

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

Rupees Seventeen Thousand Nine Hundred Eighty Seven 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