

1 Box

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/24-25/619  
Date of Invoice : 06-07-2024  
Place of Supply : Karnataka (29)  
GR/RR No. :  
PO NO. : 26723

Transport : N/A  
Vehicle No. :  
Station :  
E-Way Bill No. :  
PO DATE : 05-07-2024

**Billed to :**  
DCDC TALUKA HOSPITAL BILAGI  
DIALYSIS UNIT, TALUKA GOVERNMENT HOSPITA

**Shipped to :**  
DCDC TALUKA HOSPITAL BILAGI  
DIALYSIS UNIT, TALUKA HOSPITAL  
BILAGI , KARNATKA - 587116

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

Party Mobile No : 7892574434  
GSTIN / UIN :  
D.L. No. :

BILAGI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	100	0		SURGICARE GLOVES 7NO	4015			65.00	16.00	0.00%	12%	1,792.00
2	10	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	2,576.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	932.20

Total 5,300.20  
Less : Rounded Off (-) 0.20

110.00 0.00 Grand Total ₹ 5,300.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	3,900.000	468.000	468.000
18%	790.000	142.200	142.200
<b>Total</b>	<b>4,690.000</b>	<b>610.200</b>	<b>610.200</b>

Rupees Five Thousand Three Hundred 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 :



Stock/No. of Boxes Received 01 Box  
Subject to Physical Check  
Name/Employee Code Mr. Anil Pharma  
Centre Name Bilagi  
Date/Time 16.07.24  
Signature [Signature] Authorized Signatory