

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

Office No. : AP/24-25/757
 Date of Invoice : 15-07-2024
 State of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : ~~26672~~ 26763

Transport : N/A
 Vehicle No. :
 Station : LALITPUR
 E-Way Bill No. :
 PO DATE : 04-07-2024

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. :

LALITPUR

Shipped to :

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

Party Mobile No : 9198387871

GSTIN / UIN :

D.L. No. :

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
✓1	2	0	1*50	HIV 1/2 CARD TEST 50TEST FAST	30029090	Ohiv-01240	Feb-2026	0.00	2,600.00	0.00%	5%	5,460.00
✓2	2	0	1*50	HCV CARD TEST 50TEST FAST VUE	30029090	OHCV-01240	Feb-2026	0.00	2,650.00	0.00%	5%	5,565.00
✓3	2	0	1*50	HBSAG CARD TEST 50TEST FASTVU	30029090	Ohbs-01240	Feb-2026	0.00	550.00	0.00%	5%	1,155.00
											Total	12,180.00

Stock/No. of Boxes Received 4
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No. 9198387871

6.00 0.00

Grand Total ₹ 12,180.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	11,600.000	580.000	580.000

Rupees Twelve Thousand One Hundred Eighty 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