

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

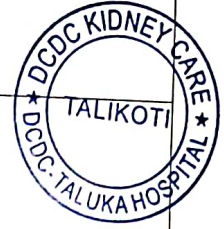
Original Copy

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/24-25/1075
Date of Invoice : 24-08-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 27152

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 09-08-2024

Billed to :

DCDC TALUKA HOSPITAL TALIKOTI
DIALYSIS UNIT, TALUKA HOSPITAL
DIST - VIJAYAPURA , TALIKOTI
KARNATKA - 586214

Party Mobile No : 7406820897
GSTIN / UIN :
D.L. No. :

Shipped to :

DCDC TALUKA HOSPITAL TALIKOTI
DIALYSIS UNIT, TALUKA HOSPITAL
DIST - VIJAYAPURA , TALIKOTI
KARNATKA - 586214

Party Mobile No : 7406820897
GSTIN / UIN :
D.L. No. :

TALIKOTI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	1	0		SYNTHETIC COVER FOR TROLLEY	42029900			0.00	1,280.00	0.00%	12%	1,433.60
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	306.80

Total 1,740.40
Less : Rounded Off (-) 0.40

1.00 0.00

Grand Total 1,740.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,280.000	153.600	153.600
18%	260.000	46.800	46.800
Total	1,540.000	200.400	200.400

Rupees One Thousand Seven Hundred Forty 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 :

For Anil Pharma

Authorised Signatory

Stock/No. of Boxes Received ... 01
Subject to Physical Check 01
Name/Employee Code Lavany
Centre Name T. H. Talikoti
Date/Time ... 21/08/2024
Signature ... S. Nagayya M. No. 9148994109