

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-137494

Invoice No. : AP/24-25/094
Date of Invoice : 11-04-2024
Place of Supply : Haryana (06)
GR/RR No. :
PO NO. : 25799

Transport Vehicle No. : N/A
Station :
E-Way Bill No. :
PO DATE : 05-04-2024

Billed to :
DCDC PREM HOSPITAL PANIPAT
PREM HOSPITAL, LHDM & DR PREM HSOPITAL
BISHAN SARUP COLONY OPP. BUS STAND
PANIPAT HARYANA-132103

Shipped to :
DCDC PREM HOSPITAL PANIPAT
DIALYSIS UNIT , PREM HOSPITAL
BISHAN SARUP COLONY OPP. BUS STAND
PANIPAT HARYANA-132103

Party Mobile No : 8506000689
GSTIN / UIN :
D.L. No. :

Party Mobile No : 9671899298
GSTIN / UIN :
D.L. No. :

PREM PANIPAT

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	200	0		IV SET-ECO	9018	REM54115	Jan-2027	0.00	6.50	0.00%	12%	1,456.00
2	200	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
3	52	0		MICROPORE 3"	3005	2401253	Dec-2026	0.00	75.00	0.00%	12%	4,368.00
4	5	0	1*50	HYPODERMIC STERILE SYRINGE 10M	9018	68512023	Nov-2028	0.00	175.00	0.00%	12%	980.00
5	50	0		INJ MEPDEX (DEXA)	30043913	MN23321A	Nov-2025	0.00	7.00	0.00%	12%	392.00
6	50	0		INJ BIOCETAMOL (PYREMOL) 2ML 1	3004	W723	Nov-2025	0.00	5.10	0.00%	12%	285.60
7	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,020.70

Stock/No. of Boxes Received ... 01
 Subject to Physical Check
 Name/Employee Code ... DCDC 2095
 Centre Name ... Prem Hospital
 Date/Time ... 11/4/24
 Signature ... M. No 9671899298

Total 10,070.30

Less : Rounded Off (-) 0.30

557.00 0.00

Grand Total ₹ 10,070.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	8,080.000	969.600	969.600
18%	865.000	155.700	155.700
Total	8,945.000	1,125.300	1,125.300

Rupees Ten Thousand Seventy 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

