

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Original Copy

Anil Pharma

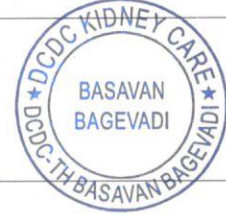
C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033

Tel. : 011-41557131 email : anilpharma1997@gmail.com

Drug Licence No. : 20B-137393, 21B-137394

Invoice No. : AP/24-25/1047
 Date of Invoice : 16-08-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 27156

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

**Billed to :**

DCDC TALUKA HOSPITAL BASAVAN BAGEVADI
 DIALYSIS UNIT, TALUKA HOSPITAL, VIJAYPUR

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

Shipped to :

DCDC TALUKA HOSPITAL BASAVAN BAGEVADI
 DIALYSIS UNIT, TALUKA HOSPITAL
 VIJAYAPUR ROAD, DIST - VIJAYAPURA
 BASAVAN BAGEWADI, KARNATKA - 586203

Party Mobile No : 6362316903
 GSTIN / UIN :
 D.L. No. :

BASAVAN BAGEWADI

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%	755.20

Total 2,188.80

Add : Rounded Off (+)

0.20

1.00 0.00

Grand Total

2,189.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,280.000	153.600	153.600
18%	640.000	115.200	115.200
Total	1,920.000	268.800	268.800

Rupees Two Thousand One Hundred Eighty Nine 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 Box
 Subject to Physical Check
 Name/Employee Code Shri Kantayya. | DC03690
 Centre Name B. Bagewadi
 Date/Time 24/08/24 - 10Am
 Signature M. No 6362-316903