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Original Copy

TAX INVOICE

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/24-25/405
Date of Invoice : 06-06-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 26242

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-06-2024

Billed to :
DCDC TALUKA GENERAL HOSPITAL ATHANI
DIALYSIS UNIT, TALUKA GENERAL HOSPITAL N

Shipped to :
DCDC TALUKA GENERAL HOSPITAL ATHANI
DIALYSIS UNIT, TALUKA HOSPITAL
NEAR KARNATKA BANK MIRAJ ROAD,
BASVARESHWAR CIRCLE , ATHANI
KARNATKA - 591304

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

Party Mobile No : 9620715281
GSTIN / UIN :
D.L. No. :

ATHANI

Table with 12 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Contains 10 rows of product details including Face Mask, Fitsula kits, Injections, IV sets, Shoe covers, and Syringes.

Add : Rounded Off (+)

Total 18,195.70
0.30

2,661.00 0.00

Grand Total ₹ 18,196.00

Summary table with columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Rows for 5%, 12%, 18% and a Total row.

Rupees Eighteen Thousand One Hundred Ninety Six 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

Stock/No. of Boxes Received 02
Subject to Physical Check
Name/Employee Code Anand
Centre Name DCDC Taluka Athani
Date/Time 06/06/2024 1:30 PM
Signature M. No. 962071