

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate 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/24-25/181
Date of Invoice : 22-04-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 25821

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 12-04-2024

Billed to :

DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
DISTRICT HOSPITAL , LAKHIMPUR KHIRI,
NEAR T.W WARD HOSPITAL ROAD , POLICE
LINE , LAKHIMPUR , UTTAR PRADESH-262701

Party Mobile No : 8447444344
GSTIN / UIN :
D.L. No. :

Shipped to :

DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
DIALYSIS UNIT, DISTRICT HOSPITAL
TB WARD HOSPITAL ROAD , POLICE LINE
LAKHIMPUR , UTTAR PRADESH-262701

Party Mobile No : 6393323652
GSTIN / UIN :
D.L. No. :

LAKHIMPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	10	0		DIALYZER BOX	3923			0.00	230.00	0.00%	18%	2,714.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	466.10

Stock/No. of Boxes Received 1 Box
Subject to Physical Check
Name/Employee Code DCO 2101
Centre Name Lakhimpur U.P.
Date/Time 27/04/2024 12:00 PM
Signature [Signature] M. No. 739309689

Total 3,180.10

Less : Rounded Off (-)

0.10

10.00 0.00

Grand Total ₹ 3,180.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
18%	2,695.000	485.100	485.100

Rupees Three Thousand One Hundred Eighty 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

2021.02.04 19:39