

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/24-25/1204
 Date of Invoice : 10-09-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 27385

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 04-09-2024

Billed to :
 DCDC TALUKA HOSPITAL GAJENDRAGADA
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - GADAG , GAJENDRAGADA
 KARNATKA - 582114

Shipped to :
 DCDC TALUKA HOSPITAL GAJENDRAGADA
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - GADAG , GAJENDRAGADA
 KARNATKA - 582114

Party Mobile No : 9986980020
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 7411810733
 GSTIN / UIN :
 D.L. No. :

GAJENDRAGADA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	6	0		Povinzan M/B Powder	30049087	N0140824	Jul-2027	45.00	15.00	0.00%	12%	100.80

Total **100.80**
 Add : Rounded Off (+) **0.20**

6.00 0.00

Grand Total **101.00**

Tax Rate Taxable Amt. IGST Amt. Total Tax
 12% 90.000 10.800 10.800

Rupees One Hundred One 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 1 BOX

Subject to Physical Check

Name/Employee Code SharanappaCentre Name Gajendra HospitalDate/Time 10/9/2024 5pmSignature SR. Anil No 9108354506