

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/24-25/442
Date of Invoice : 07-06-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 26302Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-06-2024**Billed to :**DCDC AREA HOSPITAL VEMULAWADA
DCDC DIALYSIS CENTER, AREA HOSPITAL VEMU**Shipped to :**DCDC AREA HOSPITAL VEMULAWADA
DIALYSIS UNIT , AREA HOSPITAL
DIST - RAJANNA SIRCHILLA
VEMULAWADA , KARNATKA - 505302Party Mobile No :
GSTIN / UIN :
D.L. No. :Party Mobile No : 9676237955
GSTIN / UIN :
D.L. No. :

VEMULAWADA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	787.50
2	600	0		BUFFANT CAP	6210			0.00	0.90	0.00%	5%	567.00
3	600	0		SHOE COVER	3901			0.00	1.95	0.00%	18%	1,380.60
4	5	0		COTTON ROLL	30059010	600	Apr-2027	0.00	115.00	0.00%	12%	644.00
5	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,008.90

Received
12/06/2024

Total 4,388.00

1,705.00 0.00

Grand Total ₹ 4,388.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	1,290.000	64.500	64.500
18%	2,025.000	364.500	364.500
12%	575.000	69.000	69.000
Total	3,890.000	498.000	498.000

Rupees Four Thousand Three Hundred Eighty Eight 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