

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Anil Pharma

Original Copy

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/24-25/1722
Date of Invoice : 25-10-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 27878

Transport : N/A
Vehicle No. :
Station : MATHURA
E-Way Bill No. :
PO DATE : 22-10-2024

Billed to :

DCDC DISTRICT HOSPITAL MATHURA
DISTRICT HOSPITAL , CIVIL LINES
CHAUBEY PARA , MATHURA

Shipped to :

DCDC DISTRICT HOSPITAL MATHURA
DIALYSIS UNIT , MAHARISHI DAYANAND
DISTRICT HOSPITAL CHAUBEY PARA
MATHURA , UTTAR PRADESH - 281001

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

Party Mobile No : 983767021
GSTIN / UIN :
D.L. No. :

MATHURA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,500	0		FITSULA NEEDLE 16G	901839	24102301	Sep-2027	0.00	11.00	0.00%	12%	18,480.00
2	500	0		FITSULA NEEDLE 17G	90183290	24101721	Sep-2027	0.00	11.00	0.00%	12%	6,160.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	2,655.00

Stock/No. of Boxes Received 3 Box
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No. 983767021

Total 27,295.00

2,000.00 0.00

Grand Total ₹ 27,295.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	22,000.000	2,640.000	2,640.000
18%	2,250.000	405.000	405.000
Total	24,250.000	3,045.000	3,045.000

Rupees Twenty Seven Thousand Two Hundred Ninety Five 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
Auth. Sign.
Authorised Signatory
DELHI