

2 Box

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/24-25/1657
Date of Invoice : 23-10-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 27862

Transport : N/A
Vehicle No. :
Station : MAINPURI
E-Way Bill No. :
PO DATE : 04-10-2024

Billed to :

DCDC DISTRICT HOSPITAL MAINPURI
DIALYSIS CENTER, MAHARAJA TEJ PRATAP
SINGH DISTRICT HOSPITAL, MAINPURI
UTTAR PRADESH-205001

Shipped to :

DCDC DISTRICT HOSPITAL MAINPURI
DIALYSIS UNIT, MAHARAJA TEJ PRATAP
DISTRICT HOSPITAL, MAINPURI
UTTAR PRADESH - 205001

Party Mobile No : 9713740406
GSTIN / UIN :
D.L. No. :

Party Mobile No : 7895170086
GSTIN / UIN :
D.L. No. :

MAINPURI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,000	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
2	500	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	3,920.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,522.20

Stock/No. of Boxes Received ②
Subject to Physical Check
Name/Employee Code : Nagendra Pratap (DC02210)
Centre Name : DH, Mainpuri (U.P.)
Date/Time : 21/10/24 : 04:50 P.M.
Signature : [Signature] M. No. : 7895170086

Total 13,282.20

Less : Rounded Off (-)

0.20

1,500.00 0.00

Grand Total ₹ 13,282.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	10,500.000	1,260.000	1,260.000
18%	1,290.000	232.200	232.200
Total	11,790.000	1,492.200	1,492.200

Rupees Thirteen Thousand Two Hundred Eighty Two 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
[Signature]
Authorised Signatory

