

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/24-25/1653  
 Date of Invoice : 23-10-2024  
 Place of Supply : Uttar Pradesh (09)  
 GR/RR No. :  
 PO NO. : 27949

Transport : N/A  
 Vehicle No. :  
 Station : SINGAR NAGAR  
 E-Way Bill No. :  
 PO DATE : 23/10/2024

**Billed to :**  
 DCDC AVADH HOSPITAL SINGAR NAGAR  
 DIALYSIS UNIT , AVADH HOSPITAL AVADH CHA

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

SINGAR NAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN						
1	1,100	0		FITSULA OFF KIT	30059040	0.00	7.00	0.00%	12%	8,624.00	
2	--	--		FREIGHT CHARGES	996812	0.00	--	0.00%	18%	1,085.60	

DCDC HSPCL CENTRE-AVADH HOSPITAL, LUCKNOW  
**MATERIAL RECEIVED**  
 DATE: 29/10/24  
 TIME: 3:00 P.M. RECEIVED BY: *[Signature]*

**Total 9,709.60**

Add : Rounded Off (+) 0.40

**1,100.00 0.00** **Grand Total ₹ 9,710.00**

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	7,700.000	924.000	924.000
18%	920.000	165.600	165.600
<b>Total</b>	<b>8,620.000</b>	<b>1,089.600</b>	<b>1,089.600</b>

**Rupees Nine Thousand Seven Hundred Ten 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  
 Auth. Sign  
**Authorised Signatory**  
