

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate 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/24-25/573
 Date of Invoice : 17-06-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 26304

Transport : N/A
 Vehicle No. :
 Station : KASGANJ
 E-Way Bill No. :
 PO DATE : 04-06-2024

Billed to :

DCDC DISTRICT HOSPITAL KASGANJ
 DIALYSIS CENTER, DDISTRICT HOSPITAL
 VILLAGE MOMMONM DIST. KASGANJ
 UTTAR PRADESH-207123

Shipped to :

DCDC DISTRICT HOSPITAL KASGANJ
 DIALYSIS CENTER, DISTRICT HOSPITAL
 VILLAGE MOMMONM DIST. KASGANJ
 UTTAR PRADESH - 207123

Party Mobile No : 7283990299

GSTIN / UIN :

D.L. No. :

Party Mobile No : 9584802753

GSTIN / UIN :

D.L. No. :

KASGANJ

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	100	0		GAUZE SWAB	30059090			0.00	6.00	0.00%	12%	672.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	141.60

Stock/No. of Boxes Received DC02167
 Subject to Physical Check
 Name/Employee Code V.K. / DC02167
 Centre Name DHKASB, KASGANJ
 Date/Time 21/06/24 4:15 P.
 Signature a M. No. 958480275

Total 813.60

Add : Rounded Off (+)

0.40

100.00 0.00

Grand Total ₹ 814.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	600.000	72.000	72.000
18%	120.000	21.600	21.600
Total	720.000	93.600	93.600

Rupees Eight Hundred Fourteen 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