

P. R. O. S.

UIN : 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/24-25/470
Date of Invoice : 08-06-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 26411

Transport : DELHIVERY PRIVATE LIMITED
Vehicle No. :
Station : KASGANJ
E-Way Bill No. : 721434229806
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, DDISTRICT HOSPITAL
VILLAGE MAMMON , NEAR DISTRICT COURT
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	5	0	1*100	ACCUSURE PLUS STRIP 1*100	38221990	243AB02007	Feb-2026	0.00	700.00	0.00%	12%	3,920.00

Number of boxes Received
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No.

5.00 0.00

Total 3,920.00

Grand Total ₹ 3,920.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	3,500.000	420.000	420.000

Rupees Three Thousand Nine Hundred Twenty Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

Terms & Conditions
& O.E.
Goods once sold will not be taken back.
Interest @ 18% p.a. will be charged if the payment not made with in the stipulated time.
Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorised Signatory