

N : 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/24-25/543  
 Date of Invoice : 14-06-2024  
 Place of Supply : Uttar Pradesh (09)  
 GR/RR No. :  
 PO NO. : 26412

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

Billed to :

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

Shipped to :

DCDC DISTRICT HOSPITAL MATHURA  
 DIALYSIS UNIT , MAHARISHI DAYANAND  
 SARASWATI DISTRICT HOSPITAL , CIVIL LINE  
 MATHURA , UTTAR PRADESH - 281001

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

Party Mobile No : 9837867021  
 GSTIN / UIN :  
 D.L. No. :

MATHURA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	2	0	1*50	HBSAG CARD TEST 50TEST FASTVU	30029090	OHBS-01240 Ohbs-01240	Feb-2026 Feb-2026	0.00	550.00	0.00%	5%	1,155.00

Stock/No. of Boxes Received ..... 9 Pcs  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time ..... 14/06/24  
 Signature .....  
 M. No. 9837867021

Total 1,155.00

2.00 0.00

Grand Total ₹ 1,155.00

Tax Rate Taxable Amt. IGST Amt. Total Tax  
 5% 1,100.000 55.000 55.000

Rupees One Thousand One Hundred Fifty Five 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