

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

3 Box

Invoice No. : AP/24-25/642	Transport : N/A
Date of Invoice : 08-07-2024	Vehicle No. :
Place of Supply : Karnataka (29)	Station :
GR/RR No. :	E-Way Bill No. :
PO NO. : 26561	PO DATE : 04.7.2024

Billed to : DCDC TALUKA HOSPITAL HANGAL DIALYSIS UNIT, TALUKA GOVT. HOSPITAL HAN	Shipped to : DCDC TALUKA HOSPITAL HANGAL DIALYSIS UNIT, TALUKA HOSPITAL HANGAL , KARNATKA - 581104
Party Mobile No : GSTIN / UIN : D.L. No. :	Party Mobile No : 9113647411 GSTIN / UIN : D.L. No. :

HANGAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	4	0		GB MAXIM 10ML SYRINGE	90183100	A110102480	Jan-2029	0.00	175.00	0.00%	12%	784.00
2	200	0		NON WOVEN BED SHEET	6307			0.00	13.00	0.00%	5%	2,730.00
3	200	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
4	200	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
5	50	0		CATHERIZATION OFF KIT	30059090			0.00	28.00	0.00%	12%	1,568.00
6	50	0		CATHERIZATION ON KIT	30059090			0.00	28.00	0.00%	12%	1,568.00
7	30	0		EXAM GLOVES (S)	4015			0.00	230.00	0.00%	12%	7,728.00
8	200	0		IV SET-ECO	9018	HCR23030.	Feb-2027	0.00	6.50	0.00%	12%	1,456.00
9	100	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	157.50
10	200	0		SHOE COVER	3901			0.00	1.95	0.00%	18%	460.20
11	100	0		BUFFANT CAP	6210			0.00	0.90	0.00%	5%	94.50
12	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	2,147.60

Total 21,829.80
 Add : Rounded Off (+) 0.20

1,334.00 0.00 Grand Total ₹ 21,830.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	14,500.000	1,740.000	1,740.000
5%	2,840.000	142.000	142.000
18%	2,210.000	397.800	397.800
Total	19,550.000	2,279.800	2,279.800

Rupees Twenty One Thousand Eight Hundred Thirty 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 :
 Stock/No. of Boxes Received 0.3 Box For Anil Pharma
 Subject to Physical Check
 Name/Employee Code
 Centre Name J.H. Hospital
 Date/Time 15/07/24
 Signature M No.....
 Authorised Signatory