

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/24-25/1042
Date of Invoice : 16-08-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 26972

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 05-08-2024

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 : 9113647411
GSTIN / UIN :
D.L. No. :

HANGAL

Table with 12 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(). Contains 2 rows of product data.

Total 593.30
Less : Rounded Off (-) 0.30

50.00 0.00 Grand Total 593.00

Table with 4 columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Shows 12% and 18% tax rates.

Rupees Five Hundred Ninety Three 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 01 Box
Subject to Physical Check
Supplier Name/Employee Code Hangal For Anil Pharma
Centre Name
Date/Time 16/08/2024
Signature M. No.
Authorised Signatory