

7 Box

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/24-25/781
Date of Invoice : 16-07-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 26664

Transport : DELHIVERY PRIVATE LIMITED
Vehicle No. :
Station : DEORIA
E-Way Bill No. : 791443601559
PO DATE : 04-07-2024

Billed to :
DCDC DISTRICT HOSPITAL DEORIA
DISTRICT HOSPITAL
POSTPARTUM CHAURAHA ,DEORIA
UP-274001

Shipped to :
DCDC DISTRICT HOSPITAL DEORIA
DIALYSIS UNIT, DISTRICT HOSPITAL
POSTPARTUM CHAURAHA ,DEORIA
UTTAR PRADESH - 274001

Party Mobile No : 8506000492
GSTIN / UIN :
D.L. No. :

Party Mobile No : 9506254443
GSTIN / UIN :
D.L. No. :

DEORIA

Table with 12 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Contains 17 rows of product details including items like Povidanz M/B Powder, DYNAPLAST, EXA GLOVES (M), etc.

Total 65,708.67

Add : Rounded Off (+) 0.33

4,028.00 0.00

Grand Total ₹ 65,709.00

Table with 4 columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Rows for 12%, 5%, and 18% tax rates.

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 :

Handwritten signature and stamp: Subject to Physical Check, Name/Employee Code, Date/Time, Signature, M. No. 795232496

For Anil Pharma

Authorised Signatory