

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/24-25/1646  
 Date of Invoice : 23-10-2024  
 Place of Supply : Uttar Pradesh (09)  
 GR/RR No. :  
 PO NO. : 27899

Transport : N/A  
 Vehicle No. :  
 Station : DEORIA  
 E-Way Bill No. :  
 PO DATE : 04-10-2024

**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

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,000	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
2	700	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	5,488.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,168.20

Stock/No. of Boxes Received .....  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. 7903282496

Total 14,496.20  
 Less : Rounded Off (₹) 0.20

1,700.00 0.00

Grand Total ₹ 14,496.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	11,900.000	1,428.000	1,428.000
18%	990.000	178.200	178.200
<b>Total</b>	<b>12,890.000</b>	<b>1,606.200</b>	<b>1,606.200</b>

**Rupees Fourteen Thousand Four Hundred Ninety Six 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

