

\*\* TAX INVOICE \*\*  
**S.K. PHARMA**

SHOP NO-10, C-BLOCK DDA COMMUNITY CENTRE  
NR JANAK CINEMA JANAK PURI NEW DELHI-110058  
Phone : MOB. 9911426969, 011-40618191

GSTIN : 07ASEPK2176P1ZA  
State Code : 07  
FSSAI No. : 13321011001062

PAN : ASEPK2176P  
D.L.No.1 : DL-JNK-119455,57  
D.L.No.2 : DL-JNK-119454,56  
E-mail : skpharma10@gmail.com

Tax is Payable On Reverse Charge : No	Transportation Mode :	Total Cases : 0.00
Invoice No. : SKP-23-380	GR / LR No. :	GR/LR Date : 16-May-23
Invoice Date : 16/05/2023	Date of Supply : 16/05/2023	Vehicle No. :
State : Delhi	Place of Supply : Delhi	Due Date : 16-May-23
State Code : 07	Order No. :	Ord Date :

Details of Receiver (Bill To)				Details of Consignee (Shipped To)			
Name : DCDC HEALTH SERVICE PVT LTD.	Name : DCDC HEALTH SERVICE PVT LTD.						
Address : C-185 MAYA PURI INDUSTRIAL AREA PH-2 MAYAPURI NEW DELHI	Address : CIVIL HOSPITAL FATEHABAD MODEL TOWN-125050 71-052023-22532-7						
Phone/Mob. :	Phone/Mob. :						
State : Delhi	State : Delhi	State Code : 07	State Code : 07				
GSTIN : 07AAFCD0204K1Z1	GSTIN : 07AAFCD0204K1Z1						
D.L No. :	D.L No. :						

Sr.	PARTICULARS	HSN CODE	PACK	BATCH No.	Exp.	MRP.	QTY.	RATE	Total Value	DIS %	Taxable Value	CGST		SGST	
												%	Amount	%	Amount
1.	RENOCEL INJ. 4000 IU	30021500	PFS	11020163	02/25	1760.00	250	160.00	40000.00	0.00	40000.00	6.0	2400.00	6.0	2,400.00

*Note: 242 boxes received*

No of Items : 1      Stock/No. of Boxes Received : 3      250      40000.00      40000.00      2400.00      2400.00

GST SUMMARY : 40000.00 X 12 % = 4800.00 ,

*Subject to Physical Check*  
*Name/Employee Code : 210208*  
*Centre Name : Gh. Fatehpura*  
*Date/Time : 17/05/23*  
*Signature : [Signature]*      M. No. : 99969-07108

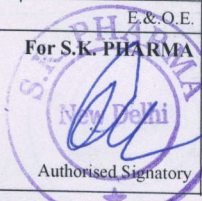
Rupees: Forty Four Thousand Eight Hundred Only      Inv. Amt. R/Off      **44800.00**

Terms & Conditions :-      E & O.E.

All disputes are subject to Delhi Jurisdiction.  
BREAKAGE & EXPIRY GOODS NOT BE TAKEN BACK OR RETURN

Bank Name : ICICI BANK      IFSC CODE : ICIC0000571  
Bank A/C : 057105500102      MICR No :  
Branch : PALAM

(Computer Generated Invoice)



*Note: we received only 242 injections*



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NR JANAK CINEMA JANAK PURI NEW DELHI-110058  
Phone : MOB. 9911426969, 011-40618191

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GSTIN : 07ASEPK2176P1ZA  
State Code : 07  
FSSAI No. : 13321011001062

PAN : ASEPK2176P  
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E-mail : skpharma10@gmail.com

Tax is Payable On Reverse Charge : No	Transportation Mode :	Total Cases : 0.00
Invoice No. : SKP-23-366	GR / LR No. :	GR/LR Date : 16-May-23
Invoice Date : 16/05/2023	Date of Supply : 16/05/2023	Vehicle No. :
State : Delhi	Place of Supply : Delhi	Due Date : 16-May-23
State Code : 07	Order No. :	Ord Date :

Details of Receiver (Bill To)				Details of Consignee (Shipped To)			
Name : DCDC HEALTH SERVICE PVT LTD.	Name : DCDC HEALTH SERVICE PVT LTD.						
Address : C-185 MAYA PURI INDUSTRIAL AREA PH-2 MAYAPURI NEW DELHI	Address : CIVIL HOSPITAL FATEHABAD MODEL TOWN -125050 71-052023-22532-7						
Phone/Mob. :	Phone/Mob. :						
State : Delhi	State : Delhi	State Code: 07	State Code: 07				
GSTIN : 07AAFCD0204K1Z1	GSTIN : 07AAFCD0204K1Z1						
D.L No. :	D.L No. :						

Sr.	PARTICULARS	HSN CODE	PACK	BATCH No.	Exp.	MRP.	QTY.	RATE	Total Value	DIS %	Taxable Value	CGST		SGST	
												%	Amount	%	Amount
1.	INJ LIVOCARNIT 5 ML	30049099		A23CR002A	02/25	185.00	300	21.00	6300.00	0.00	6300.00	6.0	378.00	6.0	378.00
No of Items : 1									300	6300.00	6300.00	378.00	378.00		

GST SUMMARY : 6300.00 X 12 % = 756.00 ,	Stock/No. of Boxes Received ..... 2	Gross Total	6300.00
	Subject to Physical Check	Add: SGST	378.00
	Name/Employee Code ..... 0702021	Add: CGST	378.00
	Centre Name ..... (S.K. PHARMA)	Total GST	756.00
	Date/Time ..... 16/05/2023	Round Off	0.00
	Signature ..... (S.K. PHARMA)	Inv. Amt. R/Off	7056.00
Rupees: Seven Thousand Fifty Six Only		E.&O.E.	

Terms & Conditions :-		All disputes are subject to Delhi Jurisdiction.	
BANK NAME : ICICI BANK		IFSC CODE : ICIC0000571	
BANK A/C : 057105500102		MICR No :	
BRANCH : PALAM			

(Computer Generated Invoice)

