

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/24-25/119  
 Date of Invoice : 12-04-2024  
 Place of Supply : Uttar Pradesh (09)  
 GR/RR No. :  
 PO NO. : 25798

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 05-04-2024

**Billed to :**

DCDC DISTRICT HOSPITAL SANT KABIR NAGAR  
 DISTRICT HOSPITAL MEHDAWAL ROAD,  
 KALILABAD, UTTAR PRADESH-272175

**Shipped to :**

DCDC DISTRICT HOSPITAL SANT KABIR NAGAR  
 DIALYSIS UNIT, DISTRICT HOSPITAL  
 MEHDAWAL ROAD , KHALILABAD  
 SANT KABIR NAGAR, UTTAR PRADESH - 272175

Party Mobile No : 8447444344  
 GSTIN / UIN :  
 D.L. No. :

Party Mobile No : 9554310933  
 GSTIN / UIN :  
 D.L. No. :

SANT KABIR NAGAR

| S.N. | Qty.  | Free | Pack  | Products Name                  | HSN      | Batch No. | Exp.     | MRP   | Rate   | Dis. % | GST % | Amount(' ) |
|------|-------|------|-------|--------------------------------|----------|-----------|----------|-------|--------|--------|-------|------------|
| 1    | 800   | 0    |       | IV SET-ECO                     | 9018     | REM54115  | Jan-2027 | 0.00  | 6.50   | 0.00%  | 12%   | 5,824.00   |
| 2    | 1,000 | 0    |       | FITSULA OFF KIT                | 30059040 |           |          | 0.00  | 7.00   | 0.00%  | 12%   | 7,840.00   |
| 3    | 800   | 0    |       | FITSULA ON-KIT                 | 30059040 |           |          | 0.00  | 7.00   | 0.00%  | 12%   | 6,272.00   |
| 4    | 40    | 0    |       | EXAM GLOVES (M)                | 4015     |           |          | 0.00  | 230.00 | 0.00%  | 12%   | 10,304.00  |
| 5    | 200   | 0    |       | SHOE COVER                     | 3901     |           |          | 0.00  | 1.95   | 0.00%  | 18%   | 460.20     |
| 6    | 16    | 0    |       | G PLAST                        | 3005     | 2312BD0   | Nov-2028 | 0.00  | 68.00  | 0.00%  | 12%   | 1,218.56   |
| 7    | 2     | 0    |       | DYNAPLAST                      | 3005     |           |          | 0.00  | 149.50 | 0.00%  | 12%   | 334.88     |
| 8    | 100   | 0    |       | Vaccutainer Edta               | 9018     |           |          | 13.50 | 6.00   | 0.00%  | 12%   | 672.00     |
| 9    | 3     | 0    | 1*100 | HYPODERMIC STERILE SYRINGE 5ML | 9018     | 68912023  | Nov-2028 | 0.00  | 195.00 | 0.00%  | 12%   | 655.20     |
| 10   | 20    | 0    | 1*50  | HYPODERMIC STERILE SYRINGE 10M | 9018     | 68512023  | Nov-2028 | 0.00  | 175.00 | 0.00%  | 12%   | 3,920.00   |
| 11   | 50    | 0    |       | INJ BIOCETAMOL (PYREMOL) 2ML 1 | 3004     | W723      | Nov-2025 | 0.00  | 5.10   | 0.00%  | 12%   | 285.60     |
| 12   | 50    | 0    |       | INJ REVIL                      | 30049039 | .W532     | Aug-2025 | 0.00  | 3.30   | 0.00%  | 12%   | 184.80     |
| 13   | 50    | 0    |       | INJ MEPDEX ( DEXA )            | 30043913 | MN23321A  | Nov-2025 | 0.00  | 7.00   | 0.00%  | 12%   | 392.00     |
| 14   | 50    | 0    |       | INJ HYDROCOTISONE 100MG (EFFCO | 3004     | 23GL16Z   | Nov-2025 | 40.70 | 23.50  | 0.00%  | 5%    | 1,233.75   |
| 15   | 50    | 0    |       | INJ ONDION ( EMSET )           | 30049069 | MN23337C  | Nov-2025 | 0.00  | 4.80   | 0.00%  | 12%   | 268.80     |
| 16   | 50    | 0    |       | INJ PANTAPROZOLE 40MG          | 3004     | 23GJ16D   | Sep-2025 | 0.00  | 14.30  | 0.00%  | 12%   | 800.80     |
| 17   | 60    | 0    |       | MICROPORE 2"                   | 30059060 | 2404002   | Mar-2027 | 0.00  | 46.60  | 0.00%  | 12%   | 3,131.52   |
| 18   | --    | --   |       | FREIGHT CHARGES                | 996812   |           |          | 0.00  | --     | 0.00%  | 18%   | 3,817.30   |

Total 47,615.41

Less : Rounded Off (-)

0.41

3,341.00 0.00

Grand Total

47,615.00

| Tax Rate | Taxable Amt. | IGST Amt. | Total Tax |
|----------|--------------|-----------|-----------|
| 12%      | 37,593.000   | 4,511.160 | 4,511.160 |
| 18%      | 3,625.000    | 652.500   | 652.500   |

Bank Details : UJJIVAN SMALL FINANCE BANK,, A/c : 2207120040000335; IFSC - UJVN0002207

Terms & Conditions

- E. & O.E.
- Goods once sold will not be taken back.
  - Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
  - Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

Stock/No. of Boxes Received ..... 05 .....

Subject to Physical Check

Name/Employee Code MOHAN CHANDRA MISRA DC03463

Centre Name D.K.S.K.A.

Date/Time 20/04/2024/3:00PM

Signature [Signature] M.No. 9310146075

For Anil Pharma

Authorized Signatory



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/24-25/119  
 Date of Invoice : 12-04-2024  
 Place of Supply : Uttar Pradesh (09)  
 GR/RR No. :  
 PO NO. : 25798

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 05-04-2024

**Billed to :**

DCDC DISTRICT HOSPITAL SANT KABIR NAGAR  
 DISTRICT HOSPITAL MEHDAWAL ROAD,  
 KALILABAD, UTTAR PRADESH-272175

Party Mobile No : 8447444344  
 GSTIN / UIN :  
 D.L. No. :

**Shipped to :**

DCDC DISTRICT HOSPITAL SANT KABIR NAGAR  
 DIALYSIS UNIT, DISTRICT HOSPITAL  
 MEHDAWAL ROAD , KHALILABAD  
 SANT KABIR NAGAR, UTTAR PRADESH - 272175

Party Mobile No : 9554310933  
 GSTIN / UIN :  
 D.L. No. :

SANT KABIR NAGAR

| S.N.         | Qty. | Free              | Pack | Products Name    | HSN              | Batch No. | Exp. | MRP | Rate | Dis. % | GST % | Amount( ` ) |
|--------------|------|-------------------|------|------------------|------------------|-----------|------|-----|------|--------|-------|-------------|
| 5%           |      | 1,175.000         |      | 58.750           | 58.750           |           |      |     |      |        |       |             |
| <b>Total</b> |      | <b>42,393.000</b> |      | <b>5,222.410</b> | <b>5,222.410</b> |           |      |     |      |        |       |             |

**Rupees Forty Seven Thousand Six Hundred Fifteen Only**

Stock/No. of Boxes Received ..... 05.....  
 Subject to Physical Check  
 Name/Employee Code MAHARAJAN CHANDRAMISHRA / DC03463  
 Centre Name ..... DUSKIN.....  
 Date/Time ..... 20/04/2024 / 2:00PM  
 Signature ..... [Signature] ..... M. No. 9310146075

**Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207****Terms & Conditions**

E. &amp; 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**