

2 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/24-25/1694
Date of Invoice : 24-10-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 28257-1

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 23-10-2024

Billed to :
DCDC GOVT. HOSPITAL ZAFFERGHAD
DIALYSIS UNIT, PHC GOVT. HOSPITAL ZAFFER

Shipped to :
DCDC GOVT. HOSPITAL ZAFFERGHAD
DIALYSIS UNIT, GOVERNMENT HOSPITAL
DIST - JANGAON , ZAFFERGHAD
TELANGANA - 506316

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

Party Mobile No : 7013450233
GSTIN / UIN :
D.L. No. :

ZAFFERGHAD

Table with 13 columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Contains 2 rows of product data: EXAM GLOVES (M) and FREIGHT CHARGES.

Stock/No. of Boxes Received 2 Box
Subject to Physical Check
Name/Employee Code M. Pravalika
Centre Name Zafferghad
Date/Time 25/10/2024
Signature [Signature] M. No. 7013450233

Total 14,402.20
Less : Rounded Off (-) 0.20

50.00 0.00 Grand Total ₹ 14,402.00

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

Rupees Fourteen Thousand Four Hundred Two 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 :
Authorized Signatory
ANIL PHARMA
DELHI