

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/24-25/358
 Date of Invoice : 21-05-2024
 Place of Supply : Telangana (36)
 GR/RR No. :
 PO NO. : 26213

Transport : DELHIVERY PRIVATE LIMITED
 Vehicle No. :
 Station : WARANGAL
 E-Way Bill No. : 761429574122
 PO DATE : 18-05-2024

Billed to :
 DCDC MGM HOSPITAL WARANGAL
 DIALYSIS UNIT , MGM HOSPITAL
 SUPER SPECIALITY BLOCK , WARANGAL
 TELANGANA - 506001

Shipped to :
 DCDC MGM HOSPITAL WARANGAL
 DIALYSIS UNIT , MGM HOSPITAL
 SUPER SPECIALITY BLOCK , WARANGAL
 TELANGANA - 506001

Party Mobile No : 966966963
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 966966963
 GSTIN / UIN :
 D.L. No. :

WARANGAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
	2,000	0		NON WOVEN BED SHEET	6307			0.00	13.00	0.00%	5%	27,300.00
	3,000	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	23,520.00
	3,000	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	23,520.00
Total											74,340.00	

Grand Total 74,340.00

8,000.00 0.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	26,000.000	1,300.000	1,300.000
12%	42,000.000	5,040.000	5,040.000
Total	68,000.000	6,340.000	6,340.000

Rupees Seventy Four Thousand Three Hundred Forty 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

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

Navney
 9660966963

