

**GST INVOICE**

**SHREE BHAGYAVANTI PHARMA & SURGICAL DISTRIBUTOR**  
 SHOP NO.74 NEAR VISHWESHWARAYYA CIRCLE  
 OPP INDRA CANTEEN BAGALKOT ROAD VIJAYAPUR

Phone : 8123110594  
 D.L.No : KA-BJ1-20B-21B-192923/24  
 GSTIN : 29AEDFS9549F1ZH

**DCDC HEALTH SERVICE. PVT LT**  
 BAGALKOT DISTRICT GOVT HOSPITAL  
 DIALYSIS UNIT, NAVANAGAR, VIDYAGIRI  
 29-KARNATAKA  
 PHONE : 9741624790

DUE DATE: 16-11-2024

Inv No : A000332  
 Inv.Date : 14-06-2024  
 Transport :  
 Mobile no :  
 L.R. NO :  
 L.R. Dt : 14-06-2024  
 No of BOXS : 0  
 PG NO :  
 PO DATE :

**SHREE BHAGYAVANTI PHARMA & SURGICAL DISTRIBUTOR**  
 SHOP NO 74 NEAR VISHWESHWARAYYA CIRCLE  
 OPP INDRA CANTEEN BAGALKOT  
 ROAD VIJAYAPUR

**DCDC HEALTH SERVICE PVT LT**  
 BAGALKOT DISTRICT GOVT HOSP  
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SL	MFR	Qty	Pack	Item Description	Batch	Exp.	HSN Code	M.R.P	Rate	Dis. %	SGST	Value	CGST	Value	Amount
1	SPPL	240	1'S	SPPL NS 500ML	N1RC181	3/26	30049011	39.04	21.50	0.0	6.00	309.60	6.00	309.60	5779.20
2	SPPL	360	1'S	SPPL NS 500ML	N1RC182	3/26	30049011	39.04	21.50	0.0	6.00	464.40	6.00	464.40	8668.80



TOTAL ITEMS : 2 || TOTAL QTY : 600.000

CLASS	SUB TOTAL	SCHEME	DISCOUNT	SGST	CGST	TOTAL GST	SUB TOTAL	12900.00
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	DISCOUNT	0.00
GST 12.00%	12900.00	0.00	0.00	774.00	774.00	1548.00	SGST PAYABLE	774.00
GST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00	CGST PAYABLE	774.00
GST 28 %	0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE	0.00
<b>SUB TOTAL</b>	<b>12900.00</b>	<b>0.00</b>	<b>0.00</b>	<b>774.00</b>	<b>774.00</b>	<b>1548.00</b>	<b>GRAND TOTAL</b>	<b>14448.00</b>

SUB TOTAL	12900.00
DISCOUNT	0.00
SGST PAYABLE	774.00
CGST PAYABLE	774.00
CR/DR NOTE	0.00
<b>GRAND TOTAL</b>	<b>14448.00</b>

Rs. Fourteen Thousand Four Hundred Forty Eight Only

**Terms & Conditions**  
 Goods once sold will not be taken back or exchanged.  
 Bills not paid due date will attract 24% interest.  
 All disputes subject to Jurisdiction only.

**BANK DETAILS: BANK NAME: KOTAK BANK**  
 A/C : 8123110594 || IFSC : KKBK0008234

Stock/No. of Boxes Received ..... 25  
 Subject to Physical Check  
 Name/Employee Code ..... Faya 2 Pharmed  
 Centre Name ..... DCDC Kidney Care  
 Date/Time ..... 14/06/24  
 Signature ..... [Signature] M. No. 6363476898  
 Authorised signatory

SEAL AND SIGNATORY