

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Original Copy

Anil Pharma

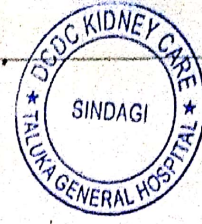
C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033

Tel. : 011-41557131 email : anilpharma1997@gmail.com

Drug Licence No. : 20B-137393, 21B-137394

Invoice No. : AP/24-25/886
Date of Invoice : 07-08-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 27073

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 05-08-2024

**Billed to :**

DCDC TALUKA HOSPITAL SINDAGI
DIALYSIS UNIT, TALUKA HOSPITAL
DIST - VIJAYAPURA, SINDAGI
KARNATKA - 586128

Shipped to :

DCDC TALUKA HOSPITAL SINDAGI
DIALYSIS UNIT, TALUKA HOSPITAL
DIST - VIJAYAPURA, SINDAGI
KARNATKA - 586128

Party Mobile No : 9108364609
GSTIN / UIN :
D.L. No. :

Party Mobile No : 9108364609
GSTIN / UIN :
D.L. No. :

SINDAGI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	✓ 6	0	1*50	GB MAXIM 10ML SYRINGE	90183100	A110102480	Jan-2029	0.00	175.00	0.00%	12%	1,176.00
2	✓ 3	0	1*100	GB MAXIM 5ML SYRINGE	90183100	A1052124F0	May-2029	0.00	195.00	0.00%	12%	655.20
3	300	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	2,352.00
4	300	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	2,352.00
5	✓ 300	0		IV SET-ECO	90183990	Rem.54115	Jan-2027	0.00	6.50	0.00%	12%	2,184.00
6	✓ 50	0		INJ PANTAPROZOLE 40MG	30049039	D24AA023C	Feb-2026	0.00	14.30	0.00%	12%	800.80
7	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,640.20

Stock/No. of Boxes Received 2 Box
Subject to Physical Check
Name/Employee Code PLO3975
Centre Name SINDAGI
Date/Time 12/08/2024 11:10
Signature M. No. 9108364609

Total 11,160.20
Less : Rounded Off (-) 0.20

959.00 0.00

Grand Total ₹ 11,160.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	8,500.000	1,020.000	1,020.000
18%	1,390.000	250.200	250.200
Total	9,890.000	1,270.200	1,270.200

Rupees Eleven Thousand One Hundred Sixty Only

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 within the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorised Signatory

