

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/24-25/1092
 Date of Invoice : 24-08-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 27154

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 09-08-2024

Billed to :

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

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

Shipped to :

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

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	1	0		SYNTHETIC COVER FOR TROLLEY	42029900			0.00	1,280.00	0.00%	12%	1,433.60
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	306.80



Total 1,740.40
 Less : Rounded Off (-) 0.40

1.00 0.00

Grand Total 1,740.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,280.000	153.600	153.600
18%	260.000	46.800	46.800
Total	1,540.000	200.400	200.400

Rupees One Thousand Seven Hundred Forty 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**

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code DC03575
 Centre Name Sindagi
 Date/Time 31.08.2024
 Signature (Signature) M. No. 9108364609



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