

GSTIN : 07AAPP6791AJZR

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/24-25/1221  
Date of Invoice : 11-09-2024  
Place of Supply : Jharkhand (20)  
GR/RR No. :  
PO NO. : 27466

Transport : N/A  
Vehicle No. :  
Station :  
E-Way Bill No. :  
PO DATE : 04-09-2024

**Billed to :**

DCDC SADAR HOSPITAL SIMDEGA  
SADAR HOSPITAL , NH-23 , THANA TOLLI  
SALDEGA , SIMDEGA  
JHARKHAND-835223

**Shipped to :**

DCDC SADAR HOSPITAL SIMDEGA  
DIALYSIS UNIT, SADAR HOSPITAL  
NH 23, THANA TOLI , SALDEGA  
SIMDEGA , JHARKHAND - 835223

Party Mobile No : 8506000395  
GSTIN / UIN :  
D.L. No. :

Party Mobile No : 8506000395  
GSTIN / UIN :  
D.L. No. :

SIMDEGA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(' )
1	50	0		INJ ONDION ( EMSET )	30049069	Mn24061e	May-2026	0.00	4.80	0.00%	12%	268.80
2	50	0		INJ PANTAPROZOLE 40MG	30049039	.24GG04L	Jun-2026	0.00	14.30	0.00%	12%	800.80
3	5	0	1*50	HYPODERMIC STERILE SYRINGE 10M	90183100	30105024	Apr-2029	0.00	175.00	0.00%	12%	980.00
4	300	0		IV SET-ECO	90183990	ELPL/03/32	Feb-2027	0.00	6.50	0.00%	12%	2,184.00
5	300	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	472.50
6	20	0		MICROPORE 3"	30059060	2407102	Jun-2027	0.00	75.00	0.00%	12%	1,680.00
7	2	0		NI CUFF	90184100			0.00	500.00	0.00%	12%	1,120.00
8	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	932.20

Total 8,438.30  
0.30

Less : Rounded Off (-)

Grand Total 8,438.00

727.00 0.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	6,280.000	753.600	753.600
5%	450.000	22.500	22.500
18%	790.000	142.200	142.200
<b>Total</b>	<b>7,520.000</b>	<b>918.300</b>	<b>918.300</b>

Rupees Eight Thousand Four Hundred Thirty Eight Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

**Terms & Conditions**

E.&amp; O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Stock/No. of Boxes Received ..... 01507

Subject to Physical Check ..... 01507

Name/Employee Code ..... 01507

Centre Name ..... SIMDEGA

Date/Time ..... 11/09/24 1:50 PM

Signature ..... M. No. 9852393824

Authorised Signatory

