

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/24-25/1588
 Date of Invoice : 18-10-2024
 Place of Supply : Telangana (36)
 GR/RR No. :
 PO NO. : 28042

Transport : GATI EXPRESS
 Vehicle No. :
 Station : WARANGAL
 E-Way Bill No. : 761469750018
 PO DATE : 04-10-2024

Billed to :

DCDC MGM HOSPITAL WARANGAL
 DIALYSIS UNIT , MGM HOSPITAL
 5TH FLOOR, KAKATIYA MULTISPECIALTY
 HOSPITAL, RANGAM PETA , NIZAMPURA
 WARANGAL , TELANGANA - 506007
 Party Mobile No : 9666966963
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DCDC MGM HOSPITAL WARANGAL
 DIALYSIS UNIT , MGM HOSPITAL
 5TH FLOOR, KAKATIYA MULTISPECIALTY
 HOSPITAL, RANGAM PETA , NIZAMPURA
 WARANGAL , TELANGANA - 506007
 Party Mobile No : 9666966963
 GSTIN / UIN :
 D.L. No. :

MGM WARANGAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	60	0	1*50	HMD 10ML SYRING	90183100	434103jp2	Jul-2029	0.00	247.50	0.00%	12%	16,632.00
2	25	0	1*100	HMD 5ML SYRING	90183100	428056nk1	Jun-2029	6.50	345.00	0.00%	12%	9,660.00

Stock/No. of Boxes Received 7
 Subject to Physical Check
 Name/Employee Code DC 03390
 Centre Name
 Date/Time
 Signature M. No.

Total 26,292.00

85.00 0.00

Grand Total ₹ 26,292.00

Tax Rate Taxable Amt. IGST Amt. Total Tax
 12% 23,475,000 2,817,000 2,817,000

Rupees Twenty Six Thousand Two Hundred Ninety Two 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 :

ANIL PHARMA
 For Anil Pharma
 (Aunt Sign)
 Authorised Signatory

