

GSTIN : 27AAPP6291A1ZR

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/24-25/1631  
Date of Invoice : 22-10-2024  
Place of Supply : Telangana (36)  
GR/RR No. :  
PO NO. : 27839

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

**Billed to :**

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

WARANGAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,000	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
2	1,000	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
3	2	0		NEBULIZER MASK	901920	G24d040570	Mar-2029	430.00	130.00	0.00%	12%	291.20
4	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,545.80

Stock No. of Boxes Received 1  
Subject to Physical Check  
Name/Employee Code DCO 3390  
Centre Name Nareem  
M. No. 26/10/23

Total 17,517.00

2,002.00 0.00

Grand Total ₹ 17,517.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	14,260.000	1,711.200	1,711.200
18%	1,310.000	235.800	235.800
<b>Total</b>	<b>15,570.000</b>	<b>1,947.000</b>	<b>1,947.000</b>

**Rupees Seventeen Thousand Five Hundred Seventeen Only****Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207****Terms & Conditions**

E.&amp; 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  
Auth. Sign.  
Authorized Signatory

