

4 Box

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/24-25/1628 Date of Invoice : 22-10-2024 Place of Supply : Telangana (36) GR/RR No. : PO NO. : 27819	Transport : DELHIVERY PRIVATE LIMITED Vehicle No. : Station : KHAMMAM E-Way Bill No. : 721471077411 PO DATE : 04-10-2024
Billed to : DCDC GOVERNMENT HOSPITAL KHAMMAN DIALYSIS UNIT, GOVERNMENT HOSPITAL NEHRU Party Mobile No : GSTIN / UIN : D.L. No. :	Shipped to : DCDC GOVERNMENT HOSPITAL KHAMMAN DIALYSIS UNIT , GOVERNMENT HOSPITAL NEHRU NAGAR , KHAMMAM TELANGANA - 507001 Party Mobile No : 8106326263 GSTIN / UIN : D.L. No. :

KHAMMAM												
S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
✓ 1	3,500	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	27,440.00
✓ 2	2,500	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	19,600.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	3,593.10
											Total	50,633.10

Stock/No. of Boxes Received 4
 Subject to Physical Check
 Name/Employee Code D.C.O.S. 175
 Centre Name DCDC HOSPITAL KHAMMAM
 Date/Time 28-10-2024
 Signature R. J. S. I. No. 8106326263

Less : Rounded Off (-)

Grand Total ₹ 50,633.00

6,000.00	0.00		
Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	42,000.000	5,040.000	5,040.000
18%	3,045.000	548.100	548.100
Total	45,045.000	5,588.100	5,588.100

Rupees Fifty Thousand Six Hundred Thirty Three 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 :
