

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/24-25/1629
Date of Invoice : 22-10-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 27938

Transport : DELHIVERY PRIVATE LIMITED
Vehicle No. :
Station : KHAMMAM
E-Way Bill No. : 771471078758
PO DATE : 04-10-2024

Billed to :
DCDC GOVERNMENT HOSPITAL KHAMMAN
DIALYSIS UNIT, GOVERNMENT HOSPITAL NEHRU

Shipped to :
DCDC GOVERNMENT HOSPITAL KHAMMAN
DIALYSIS UNIT, GOVERNMENT HOSPITAL
NEHRU NAGAR , KHAMMAM
TELANGANA - 507001

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

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 | 40 | 0 | 1*50 | HMD 10ML SYRING | 90183100 | 441105JP2 | Sep-2029 | 0.00 | 247.50 | 0.00% | 12% | 11,088.00 |

Stock/No. of Boxes Received 4
Subject to Physical Check
Name/Employee Code DCO 3175
Centre Name GGH KHAMMAM
Date/Time 28-10-2024
Signature P. L. S. I. No. 8106326263

Total 11,088.00

40.00 0.00

Grand Total ₹ 11,088.00

| Tax Rate | Taxable Amt. | IGST Amt. | Total Tax |
|----------|--------------|-----------|-----------|
| 12% | 9,900.000 | 1,188.000 | 1,188.000 |

Rupees Eleven Thousand Eighty Eight 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 :

For Anil Pharma
Auth. Sign.
Authorised Signatory
DELHI

