

GSTIN : 07AAPP66291A1ZU

TAX INVOICE

Original Copy

Anil Pharma

C- 5B, Rajan Babu Road,, Adarsh Nagar, Delhi-110033

Tel. : 011-41557131 email : anilpharma1997@gmail.com

Drug Licence No. : 20B-137393, 21B-137394

Invoice No. : AP/24-25/1658
 Date of Invoice : 23-10-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 27888

Transport : N/A
 Vehicle No. :
 Station : HATHRAS
 E-Way Bill No. :
 PO DATE : 04-10-2024

Billed to :

DCDC DISTRICT HOSPITAL HATHRAS
 DCDC DIALYSIS CENTER , DISTRICT HOSPITAL
 ALIGARH ROAD, NEAR RAM MANDIR TALAB
 CHAURAHA , HATHRAS UTTAR PRADESH-204101

Shipped to :

DCDC DISTRICT HOSPITAL HATHRAS
 DIALYSIS UNIT, DISTRICT HOSPITAL
 ALIGARH ROAD, NEAR RAM MANDIR
 HATHRAS , UTTAR PRADESH - 204101

Party Mobile No : 7070011575
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 8077095618
 GSTIN / UIN :
 D.L. No. :

HATHRAS

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	600	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	4,704.00
2	600	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	4,704.00
3	-	-		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,427.80

Stock/No of boxes Received 2 Box
 Subject to Physical Check
 Name/Employee Code Sh. Kamendra Singh
 Centre Name D.H. Hathras
 Date/Time
 Signature M.N. 8077095618

Total 10,835.80

Add : Rounded Off (+)

0.20

1,200.00 0.00

Grand Total

10,836.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	8,400.000	1,008.000	1,008.000
18%	1,210.000	217.800	217.800
Total	9,610.000	1,225.800	1,225.800

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

E.& O.E.

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

Receiver's Signature :

For Anil Pharma**Authorised Signatory**