

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/24-25/1651  
 Date of Invoice : 23-10-2024  
 Place of Supply : Uttar Pradesh (09)  
 GR/RR No. :  
 PO NO. : 27878

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

**Billed to :**

DCDC DISTRICT HOSPITAL MATHURA  
 DISTRICT HOSPITAL , CIVIL LINES  
 CHAUBEY PARA , MATHURA

**Shipped to :**

DCDC DISTRICT HOSPITAL MATHURA  
 DIALYSIS UNIT , MAHARISHI DAYANAND  
 DISTRICT HOSPITAL , CHAUBEY PARA  
 MATHURA , UTTAR PRADESH - 281001

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

Party Mobile No : 9837867021  
 GSTIN / UIN :  
 D.L. No. :

MATHURA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	2	0		GUEDEL AIRWAY 4 (OROPHARYNGEAL	90189099	G230810738	Jul-2028	0.00	68.00	0.00%	12%	152.32
2	600	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	4,704.00
3	400	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	3,136.00

Subject to Physical Check  
 Name/Employee Code  
 Centre Name  
 Date/Time  
 Signature

BAM

Red received

DH - MATHURA

24/10/24

M. No. 9837867021

Total 7,992.32

Less : Rounded Off (-)

0.32

1,002.00 0.00

Grand Total ₹ 7,992.00

Tax Rate Taxable Amt. IGST Amt. Total Tax  
 12% 7,136.000 856.320 856.320

Rupees Seven Thousand Nine Hundred Ninety Two Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

## Terms &amp; 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

Authorised Signatory

