

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Anil Pharma

Original Copy

C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033
 Tel. : 011-41557131 email : anilpharma1997@gmail.com
 Drug Licence No. : 20B-137393, 21B-137394

5 Box

Invoice No. : AP/24-25/566
 Date of Invoice : 15-06-2024
 Place of Supply : Telangana (36)
 GR/RR No. :
 PO NO. : 26266

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 04-06-2024

Billed to :
 DCDC GOVT. HOSPITAL NARSAMPET
 COMMON HEALTH CENTER, GOVT. HOSPITAL NEA

Shipped to :
 DCDC GOVT. HOSPITAL NARSAMPET
 DIALYSIS UNIT, COMMON HEALTH CENTER
 NEAR POLICE STATION , DIST - WARANGAL
 NARSAMPET , TELANGANA - 506132

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

Party Mobile No : 9502696731
 GSTIN / UIN :
 D.L. No. :

NARSAMPET

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	300	0		BUFFANT CAP	6210			0.00	0.90	0.00%	5%	283.50
2	2	0		DIGITAL THERMOMETER	9025			0.00	75.00	0.00%	18%	177.00
3	50	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	12,880.00
4	300	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	472.50
5	1,000	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
6	1,000	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
7	198	0		PAPER TAPE 2" 9.1MTR	30059060	MST 240401	Mar-2027	0.00	46.60	0.00%	12%	10,334.02
8	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	3,669.80

Total 43,496.82

Add : Rounded Off (+)

0.18

2,850.00 0.00

Grand Total ₹ 43,497.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	720.000	36.000	36.000
18%	3,260.000	586.800	586.800
12%	34,726.800	4,167.216	4,167.216
Total	38,706.800	4,790.016	4,790.016

Rupees Forty Three Thousand Four Hundred Ninety Seven 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

Stock/No. of Boxes Received 5 Box
 Subject to Physical Check
 Name/Employee Code K. SUNIL
 Centre Name Narsampet For Anil Pharma
 Date/Time 10:39 AM 22/6/24
 Signature Sunil M. No. 9502696731

Authorised Signatory