

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

Table with 2 columns: Invoice details (Invoice No., Date of Invoice, Place of Supply, GR/RR No., PO NO.) and Transport details (Transport, Vehicle No., Station, E-Way Bill No., PO DATE).

Table with 2 columns: Billed to (DCDC DISTRICT HOSPITAL SANT KABIR NAGAR, DISTRICT HOSPITAL MEHDawal ROAD, KALILABAD, UTTAR PRADESH-272175) and Shipped to (DCDC DISTRICT HOSPITAL SANT KABIR NAGAR DIALYSIS UNIT, DISTRICT HOSPITAL MEHDawal ROAD, KHALILABAD, SANT KABIR NAGAR, UTTAR PRADESH-272175). Includes Party Mobile No., GSTIN / UIN, and D.L. No.

SANT KABIR NAGAR

Main product table with columns: S.N., Qty., Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount(₹). Lists various medical supplies like IV SET-ECO, FITSULA ON-KIT, EXAM GLOVES (M), etc.

Total 42,608.09
Less : Rounded Off (-) 0.09

3,573.00 0.00 Stock/No. of Boxes Received 04 Grand Total ₹ 42,608.00

Tax summary table with columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Shows 12%, 5%, and 18% tax rates.

Handwritten notes: Employee Code, Name, Date, Time, Signature, and M. No. Includes a note 'ON Kit - 40 Pcs Short received'.

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, Barcode, OMSAICOURIER B2BC, DOC_261678786, DCDC DISTRICT H, DOC, Gorakhpur, B.S. Surwapar, H (Uttar), MAWB 23934910107601, DCDC DISTRICT HOSPITAL SANT KABIR NAGAR, DCDC DISTRICT HOSPITAL SANT KABIR NAGAR, DIAYSIS UNIT, DISTRICT HOSPITAL MEHDawal ROAD KALILABAD, City: Gorakhpur, State: Uttar Pradesh, PIN: 272175.

or Anil Pharma
Authorised Signatory