

IN : 07AAPP6291A1ZR

TAX INVOICE

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/24-25/1656	Transport : N/A
Date of Invoice : 23-10-2024	Vehicle No. :
Place of Supply : Uttar Pradesh (09)	Station : KASGANJ
GR/RR No. :	E-Way Bill No. :
PO NO. : 27874	PO DATE : 04-10-2024

Billed to :
 DCDC DISTRICT HOSPITAL KASGANJ
 DIALYSIS CENTER, DDISTRICT HOSPITAL
 VILLAGE MOMMONM DIST. KASGANJ
 UTTAR PRADESH-207123

Shipped to :
 DCDC DISTRICT HOSPITAL KASGANJ
 DIALYSIS UNIT, DISTRICT HOSPITAL
 VILLAGE MAMMON , NEAR DISTRICT COURT
 KASGANJ , UTTAR PRADESH - 207123

Party Mobile No : 7283990299
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 9584802753
 GSTIN / UIN :
 D.L. No. :

KASGANJ				HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
S.N.	Qty.	Free	Pack	Products Name							
1	1,000	0		FITSULA OFF KIT	30059040		0.00	7.00	0.00%	12%	7,840.00
2	1,000	0		FITSULA ON-KIT	30059040		0.00	7.00	0.00%	12%	7,840.00
										Total	15,680.00
										Grand Total	₹ 15,680.00

Stock/No. of Boxes Received 23
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No.

2,000.00 0.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	14,000.000	1,680.000	1,680.000

Rupees Fifteen Thousand Six Hundred Eighty 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 :

