

GSTIN : U7AAPP6291A1ZR

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TAX INVOICE

Anil Pharma

C-38, Rajan Babu Road,, Adarsh Nagar, Delhi-110033
Tel. : 011-41557131 email : anilpharma1997@gmail.com

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

Invoice No. : AP/24-25/1061
Date of Invoice : 21-08-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 27195-1Transport : N/A
Vehicle No. :
Station : PRAYAGRAJ
E-Way Bill No. :
PO DATE : 20-08-2024**Billed to :**
DCDC DISTRICT HOSPITAL PRAYAGRAJ
MOTILAL NEHRU HOSPITAL
NIURABAD PRAYAGRAJ
UP-211003**Shipped to :**
DCDC DISTRICT HOSPITAL PRAYAGRAJ
DIALYSIS UNIT, DISTRICT HOSPITAL
14, DR KN KATJU MARG , NAKASH KOHNA
PRAYAGRAJ , UTTAR PRADESH - 211003Party Mobile No : 7505225745
GSTIN / UIN :
D.L. No. :Party Mobile No : 7505825717
GSTIN / UIN :
D.L. No. :

PRAYAGRAJ

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	2,000	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	15,680.00
2	2,000	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	15,680.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	2,619.60

Add : Rounded Off (+)

Total 33,979.60
0.40

4,000.00 0.00

Grand Total ₹ 33,980.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	28,000.00	3,360.00	3,360.00
18%	2,220.00	399.60	399.60
Total	30,220.00	3,759.60	3,759.60

Rupees Thirty Three Thousand Nine Hundred Eighty Only

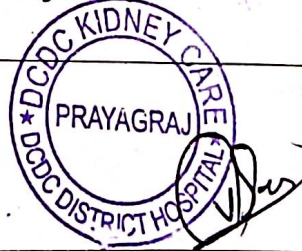
Bank Details : UJJIVAN SMALL FINANCE BANK,, A/c : 2207120040000335; IFSC - UJVN0002207

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 :



For Anil Pharma

Authorised Signatory