

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Anil Pharma

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

Invoice No. : AP/24-25/1661
 Date of Invoice : 23-10-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 27913

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

Billed to :

DCDC COMBINED HOSPITAL AMBEDKAR NAGAR
 COMBINED HOSPITAL
 AKBARPUR, AMBEDKAR NAGAR
 UTTAR PRADESH-224122

Party Mobile No : 8506049007
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DIALYSIS UNIT, COMBINED HOSPITAL
 AKBAR PUR, AMBEDKAR NAGAR
 UTTAR PRADESH - 224122

Party Mobile No : 8931807697
 GSTIN / UIN :
 D.L. No. :

AMBEDKAR NAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,000			FITSULA OFF KIT	30059040	0.00	7.00	0.00%	12%	7,840.00
2	500	0		FITSULA ON-KIT	30059040	0.00	7.00	0.00%	12%	3,920.00
3	--	--		FREIGHT CHARGES	996812	0.00	--	0.00%	18%	1,663.80

Total 13,423.80

Add : Rounded Off (+)

0.20

1,500.00 0.00

Grand Total ₹ 13,424.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	10,500.000	1,260.000	1,260.000
18%	1,410.000	253.800	253.800
Total	11,910.000	1,513.800	1,513.800

Rupees Thirteen Thousand Four Hundred Twenty Four Only

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

Terms & Conditions**E.& O.E.**

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

Stock/No. of Boxes Received 3

Subject to Physical Check

Name/Employee Code DC03100

Centre Name Ambedkar Nagar

Date/Time 28/10/24 3:00 PM

Signature M.No. 8931807697

For Anil Pharma

Auth. Sign.

Authorised Signatory

DELHI