

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

Invoice No. : AP/24-25/1314  
 Date of Invoice : 14-09-2024  
 Place of Supply : Uttar Pradesh (09)  
 GR/RR No. :  
 PO NO. : 27395

Transport : N/A  
 Vehicle No. :  
 Station : PILIBHIT  
 E-Way Bill No. :  
 PO DATE : 04-09-2024

**Billed to :**  
 DCDC DISTRICT HOSPITAL PILIBHIT  
 DIALYSIS UNIT, DISTRICT HOSPITAL  
 NEAR KENDRIYA VIDYALAYA, TANAKPUR ROAD  
 EKTA NAGAR, PILIBHIT UP-262001

**Shipped to :**  
 DCDC DISTRICT HOSPITAL PILIBHIT  
 DIALYSIS UNIT, DISTRICT HOSPITAL  
 TANAKPUR ROAD, EKTA NAGAR, PILIBHIT  
 UTTAR PRADESH - 262001

Party Mobile No : 8447444344  
 GSTIN / UIN :  
 D.L. No. :

Party Mobile No : 6396949928  
 GSTIN / UIN :  
 D.L. No. :

PILIBHIT

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount( )
1	35	0		EXAM GLOVES (S)	40151200			0.00	230.00	0.00%	12%	9,016.00
2	6	0		BLUE PUNCTURE 10LTR	90189029			0.00	240.00	0.00%	12%	1,612.80
3	4	0		SHARP CONTAINER PLASTIC 3LTR	90183990			0.00	150.00	0.00%	12%	672.00

Stock/No. of Boxes received ..... 3  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature .....  
 M. No. 6396949928

Total 11,300.80

Add : Rounded Off (+)

0.20

45.00 0.00

Grand Total

11,301.00

Tax Rate Taxable Amt. IGST Amt. Total Tax

12% 10,090.000 1,210.800 1,210.800

Rupees Eleven Thousand Three Hundred One Only

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

Terms &amp; Conditions

E.&amp; 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 within the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorised Signatory