

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/24-25/1050	Transport : N/A
Date of Invoice : 16-08-2024	Vehicle No. :
Place of Supply : Uttar Pradesh (09)	Station : ALIGARH
GR/RR No. :	E-Way Bill No. :
PO NO. : 27164	PO DATE : 09-08-2024

<p>Billed to : DCDC NARAYANI HOSPITAL ALIGARH DIALYSIS UNIT, NARAYANI HOSPITAL NEAR ATRAULI BUS STAND, GULZAR NAGAR ALIGARH , UTTAR PRADESH - 202001</p> <p>Party Mobile No : 7253990299 GSTIN / UIN : D.L. No. :</p>	<p>Shipped to : DCDC NARAYANI HOSPITAL ALIGARH DIALYSIS UNIT, NARAYANI HOSPITAL NEAR ATRAULI BUS STAND, GULZAR NAGAR ALIGARH , UTTAR PRADESH - 202001</p> <p>Party Mobile No : 8218287371 GSTIN / UIN : D.L. No. :</p>
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ALIGARH

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(`)
1	50	0		INJ CARNIXOL	30049099	Mn24024b	Apr-2026	0.00	19.65	0.00%	12%	1,100.40

Total											1,100.40	
Less : Rounded Off (-)											0.40	
50.00	0.00										Grand Total	1,100.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	982.500	117.900	117.900

Rupees One Thousand One Hundred 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

Stock/No. of Boxes Received 1
 Subject to Physical Check
 Name/Employee Code Munish DC03718
 Centre Name Aligarh
 Date/Time 16/8/24
 Signature Munish M. No.

Receiver's Signature :

For Anil Pharma
Authorised Signatory

