

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

1 Box
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/24-25/1626
Date of Invoice : 22-10-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 27692

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

Billed to :

DCDC DH HOSPITAL PEDDAPALLI
DIALYSIS UNIT, DH HOSPITAL
PEDDAPALLI , DISTT. KARIM NAGAR
TELANGANA-505172

Shipped to :

DCDC DH HOSPITAL PEDDAPALLI
DIALYSIS UNIT, DISTRICT HOSPITAL
DIST - KARIMNAGAR , PEDDAPALLI
TELANGANA - 505172

Party Mobile No : 8588850032

GSTIN / UIN :

D.L. No. :

Party Mobile No : 7989459309

GSTIN / UIN :

D.L. No. :

PEDDAPALLI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	20	0	1*50	HMD 10ML SYRING	90183100	442102JC2	Sep-2029	0.00	247.50	0.00%	12%	5,544.00
2	-	-	-	FREIGHT CHARGES	996812			0.00	--	0.00%	18%	973.50

Stock/No. of Boxes Received 01
Subject to Physical Check
Name/Employee Code D. Sravan Kumar / DC02467
Centre Name Peddapalli
Date/Time 22.10.24 12:30 PM
Signature [Signature] M. No. 9494094080

Total 6,517.50

Add : Rounded Off (+)

0.50

20.00 0.00

Grand Total ₹ 6,518.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	4,950.000	594.000	594.000
18%	825.000	148.500	148.500
Total	5,775.000	742.500	742.500

Rupees Six Thousand Five Hundred Eighteen 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 within the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma
Authorized Signatory

