

Delhi Delivery 4 Box

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/24-25/1525
Date of Invoice : 15-10-2024
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

Party Mobile No : 8588850032
GSTIN / UIN :
D.L. No. :

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

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	10	0	1*100	HMD 5ML SYRING	90183100	423053SR1	May-2029	6.50	345.00	0.00%	12%	3,864.00
2	10	0		HAND SANITIZER 5 LTR	38089400			0.00	580.00	0.00%	18%	6,844.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	2,029.60

Stock/No. of Boxes Received 04
Subject to Physical Check
Name/Employee Code D. Sravan Kumar / DC02967
Centre Name Peddapalli
Date/Time 21/10/24 5 PM
Signature [Signature] M. No. 94946094080

Total 12,737.60
Add : Rounded Off (+) 0.40

20.00 0.00 Grand Total ₹ 12,738.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	3,450.000	414.000	414.000
18%	7,520.000	1,353.600	1,353.600
Total	10,970.000	1,767.600	1,767.600

Rupees Twelve Thousand Seven Hundred Thirty Eight 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
[Circular Stamp: ANIL PHARMA, TELANGANA]
Authorized Signatory