

# P.M.SURGICAL

KHAJANTI CHOWK FATIMA ROAD GORAKHPUR  
07-DELHI

Phone : 9554681519,6386426486

## GST INVOICE

D.L.No. : UP5320B002166,UP5321B002166

GSTIN : 09JGEP9467Q1ZW

M/s DCDC DISTRICT HOSPITAL KUSHINGAR  
PADRAUNA  
07-DELHI

Invoice No. : A000734 Date : 27-01-2024  
Order No. : 5401202424  
L.R. No. :  
Cases : 126  
Transport : LOCAL  
Due Date : 27-01-2024

PH.NO.:

GSTIN : 07AAFCD0204K1Z1

S.	Qty.	Pack	Product	Batch	Exp	HSN	MRP	Rate	DIS	IGST	Amount	
1.	240	1LTR	NS 1000ML BFS	S1Y31644		300490	0.00	32.50	0.00	12.00	0.00	7800.00
2.	280	1LTR	NS 1000ML BFS	S1C31736	11/25	300490	0.00	32.50	0.00	12.00	0.00	9100.00
3.	480	1LTR	NS 1000ML BFS	S1C31749	11/25	300490	0.00	32.50	0.00	12.00	0.00	15600.00
4.	440	1LTR	NS 1000ML BFS	S1C40028	12/25	300490	0.00	32.50	0.00	12.00	0.00	14300.00
5.	200	100ML	NS 100ML KRP	S1M40013	12/25	3004	0.00	14.00	0.00	12.00	0.00	2800.00
6.	400	1*100	D25 KRPL	D3M30038	11/25	300490	0.00	15.00	0.00	12.00	0.00	6000.00

Stock/No. of Boxes Received...126 Box...  
Subject to Physical Check 126 Box  
Name/Employee Code...  
Centre Name...  
Date/Time...27/01/24...2 P.M...  
Signature... M. No. 9915001011

IGST 55600\*12%=6672IGST, CESS:0%=0

SUB TOTAL 55600.00  
IGST 12 % 6672.00  
FREIGHT 2500.00  
CR/DR NOTE 0.00  
GRAND TOTAL 64772.00

Rs. Sixty Four Thousand Seven Hundred Seventy Two Only

### Terms & Conditions

Goods once sold will not be taken back or exchanged.  
Bills not paid due date will attract 24% Interest.  
All disputes subject to Jurisdiction only.  
Prescribed Sales Tax declaration will be given.

Certified that the particulars given above are true and correct  
and the amount indicated represents the price actually charged.

Checked By \_\_\_\_\_  
E.&O.E.

