

No serial 3 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/24-25/630
Date of Invoice : 08-07-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 26566

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04.07.2024

Billed to :
DCDC TALUKA HOSPITAL SHIGGAON
DIALYSIS UNIT, TALUKA HOSPITAL
SAVANUR ROAD , SHIGGAON
KARNATKA - 581205

Shipped to :
DCDC TALUKA HOSPITAL SHIGGAON
DIALYSIS UNIT, TALUKA HOSPITAL
SAVANUR ROAD , SHIGGAON
KARNATKA - 581205

Party Mobile No : 9113647411
GSTIN / UIN :
D.L. No. :

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GSTIN / UIN :
D.L. No. :

SHIGGAON

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	3	0		GB MAXIM 10ML SYRINGE	90183100	A11012480	Jan-2029	0.00	175.00	0.00%	12%	588.00
2	1	0		GB MAXIM 5ML SYRINGE	90183100	A105212480	Jan-2029	0.00	195.00	0.00%	12%	218.40
3	200	0	1X100	FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
4	200	0	1X100	FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
5	50	0		CATHERIZATION OFF KIT	30059090			0.00	28.00	0.00%	12%	1,568.00
6	50	0		CATHERIZATION ON KIT	30059090			0.00	28.00	0.00%	12%	1,568.00
7	2	0		DYNAPLAST	3005			0.00	149.50	0.00%	12%	334.88
8	12	0		MICROPORE 2"	30059060	240402	Mar-2027	0.00	46.60	0.00%	12%	626.30
9	200	0	1X200	NON WOVEN BED SHEET	6307			0.00	13.00	0.00%	5%	2,730.00
10	100	0		SURGICARE GLOVES 7NO	4015			65.00	16.00	0.00%	12%	1,792.00
11	100	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	157.50
12	200	0		IV SET-ECO	9018	HCR23030	Feb-2027	0.00	6.50	0.00%	12%	1,456.00
13	-	-	-	FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,758.20

Total 15,933.28

less : Rounded Off (-) 0.28

1,118.00 0.00

Grand Total ₹ 15,933.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	10,078.200	1,209.384	1,209.384
5%	2,750.000	137.500	137.500
18%	1,490.000	268.200	268.200
Total	14,318.200	1,615.084	1,615.084

Stock/No. of Boxes Received 3 Box
Subject to Physical Check
Name/Employee Code D.C.3534
Centre Name T.H. Shiggaon
Date/Time 19.7.24 at 6:30pm
Signature [Signature] M. No. 7829454127

Rupees Fifteen Thousand Nine Hundred Thirty Three Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2007120040000335; 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

Authorised Signatory