

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/24-25/953
Date of Invoice : 09-08-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 26928

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 05-08-2024

Billed to :

DCDC AREA HOSPITAL VEMULAWADA
DCDC DIALYSIS CENTER, AREA HOSPITAL VEMU

Shipped to :

DCDC AREA HOSPITAL VEMULAWADA
DIALYSIS UNIT, AREA HOSPITAL
DIST - RAJANNA SICHILLA, VEMULAWADA
TELANGANA - 505302

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

Party Mobile No : 9676237955
GSTIN / UIN :
D.L. No. :

VEMULAWADA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	20	0		SHARP CONTAINER PLASTIC 3LTR	90183990			0.00	150.00	0.00%	12%	3,360.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,085.60



Total 4,445.60

Add : Rounded Off (+)

0.40

20.00 0.00

Grand Total ₹ 4,446.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	3,000.000	360.000	360.000
18%	920.000	165.600	165.600
Total	3,920.000	525.600	525.600

Rupees Four Thousand Four Hundred Forty Six 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 with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma**Authorised Signatory**