

SIDRAMESHWAR PHARMACEUTICAL DISTRIBUTORS

**GST INVOICE**

CREDIT

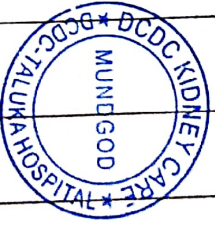
Party Name: DDCD HEALTH SERVICE PVT.LTD  
GOVERNMENT HOSPITAL  
DIALYSIS UNIT  
07-DELHI  
PHONE: 8867417094

SECTOR NO.31 PLOT NO.B-2  
NEAR UDBHAVYA GANESH TEMPLE NAVANAGAR  
BAGALKOT-587103  
Phone : 9972345615, 8073070496, 9035628063  
D.L.No. : KAABT1-20B-131230, 21B-131231  
GSTIN : 29ADFFS2895H1Z1

Invoice No	01322	Order No. 202-092024-27438	8
Invoice Date	23-09-2024	L.R. No.	Order Date 04-09-2024
Due Date	23-09-2024	L.R. Date	23-09-2024
		Transport	

S.	Qty.	Mfr	Pack	Product Name	Batch	Exp	HSN	M.R.P	Rate	DIS	IGST	Amount	Net Amount	
1.	192	IVES	TS	NS 500ML IVES	409007	8/26	30049099	34.85	22.00	0.00	12.00	0.00	4224.00	4730.88

Stock No. of Boxes Received ..... 8 boxes  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name .....  
Date/Time .....  
Signature ..... M. No. 8578337671



CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	DIS AMT. 0.00
IGST 12.00%	4224.00	0.00	0.00	506.88	506.88	192	IGST PAYABLE 506.88
IGST 18.00%	0.00	0.00	0.00	0.00	0.00		PAYABLE 0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00		CRDR NOTE 0.00
<b>TOTAL</b>	<b>4224.00</b>	<b>0.00</b>	<b>0.00</b>	<b>506.88</b>	<b>506.88</b>		<b>Grand Total 4731.00</b>

Rs. Four Thousand Seven Hundred Thirty One Only

MSG:

FOR SIDRAMESHWAR PHARMACEUTICAL DISTRIBUTORS

Terms & Conditions  
Goods once sold will not be taken back or exchanged.  
BANK DETAIL: AC/421120100041,IFSC: CNRB0010853, CANARA BANK, NAVANAGAR  
Bills not paid due date will attract 24% Interest.

Authorised Signatory