* * TAX INVOICE * *

S.K. PHARMA

SHOP NO-10, C-BLOCK DDA COMMUNITY CENTRE
NR JANAK CINEMA JANAK PURI NEW DELHI-110058
Phone : MOB. 9911426969, 011-40618191

GSTIN : 07ASEPK2176P1ZA
State Code : 07
FSSAI No. : 13321011001062

PAN : ASEPK2176P
D.L.No.1 : DL-JNK-119455,57
D.L.No.2 : DL-JNK-119454,56
E-mail : skpharma10@gmail.com

Tax is Payable On Reverse Charge : No

Invoice No. : SKP-23-167
Invoice Date : 19/04/2023
State : Delhi
State Code : 07

Transportation Mode :
GR / LR No. :
Date of Supply : 19/04/2023
Place of Supply : Delhi
Order No. :

Total Cases : 0.00
GR/LR Date : 19-Apr-23
Vehicle No. :
Due Date : 19-Apr-23
Ord Date :

Details of Receiver (Bill To)

Name : DCDC HEALTH SERVICE PVT LTD.
Address : C-185 MAYA PURI INDUSTRIAL AREA
PH-2 MAYAPURI NEW DELHI
Phone/Mob. :
State : Delhi
GSTIN : 07AAFCD0204K1Z1
D.L No. :
State Code: 07

Details of Consignee (Shipped To)

Name : DCDC HEALTH SERVICE PVT LTD.
Address : CIVIL HOSPITAL PANIPAT
132103
63-042023-22315
Phone/Mob. :
State : Delhi
GSTIN : 07AAFCD0204K1Z1
D.L No. :
State Code: 07

Sr.	PARTICULARS	HSN CODE	PACK	BATCH No.	Exp.	MRP.	QTY.	RATE	Total Value	DIS %	Taxable Value	CGST %	CGST Amount	SGST %	SGST Amount
1.	RENOCEL INJ. 4000 IU	30021500	PFS	11020150	11/24	1760.00	141	160.00	22560.00	0.00	22560.00	6.0	1353.60	6.0	1,353.60
2.	RENOCEL INJ. 4000 IU	30021500	PFS	11020150	11/24	1760.00	339	160.00	54240.00	0.00	54240.00	6.0	3254.40	6.0	3,254.40
							480		76800.00		76800.00		4608.00		4608.00

Trackon 500300166023

Stock/No. of Boxes Received 4 Box
Subject to Physical Check
Name Employee Code DCO 1219
Centre Name Civil Hospital Panipat
Date/Time 21.53 20-4-23
Signature Payuder M. No. 8326857549

No of Items : 2

GST SUMMARY : 76800.00 X 12 %= 9216.00 ,

Gross Total	76800.00
Add: SGST	4608.00
Add: CGST	4608.00
Total GST	9216.00
Round Off	0.00
Inv. Amt. R/Off	86016.00

Rupees: Eighty Six Thousand Sixteen Only

Terms & Conditions :-
All disputes are subject to Delhi Jurisdiction
BREAKAGE & EXPIRY GOODS NOT BE TAKEN BACK OR RETURN

E.& O.E.

For S.K. PHARMA

S.K. PHARMA New Delhi

Authorised Signatory

Bank Name : ICICI BANK
Bank A/C : 057105500102
Branch : PALAM
IFSC CODE : ICIC0000571
MICR No :

(Computer Generated Invoice)