

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/24-25/1490
 Date of Invoice : 11-10-2024
 Place of Supply : Telangana (36)
 GR/RR No. :
 PO NO. : 27939

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 04-10-2024

Billed to :
 DCDC AREA HOSPITAL VEMULAWADA
 DCDC DIALYSIS CENTER, AREA HOSPITAL VEMU

Shipped to :
 DCDC AREA HOSPITAL VEMULAWADA
 DIALYSIS UNIT, AREA HOSPITAL
 DIST - RAJANNA SIRCHILLA , 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	12	0	1*50	HMD 10ML SYRING	90183100	440101JP2	Aug-2029	0.00	247.50	0.00%	12%	3,326.40
2	6	0	1*100	HMD 5ML SYRING	90183100	425051JM1	May-2029	6.50	345.00	0.00%	12%	2,318.40
											Total	5,644.80

Add : Rounded Off (+)

0.20

Grand Total : 5,645.00

18.00 0.00

Tax Rate Taxable Amt. IGST Amt. Total Tax
 12% 5,040.000 604.800 604.800

Rupees Five Thousand Six Hundred Forty Five 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