

**\*\* 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

Page: 1 of 1

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-23-381  
Invoice Date : 16/05/2023  
State : Delhi

Transportation Mode :  
GR / LR No. :  
Date of Supply : 16/05/2023  
Place of Supply : Delhi  
Order No. :

Total Cases : 0.00  
GR/LR Date : 16-May-23  
Vehicle No. :  
Due Date : 16-May-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 BHIWANI  
GHANTA GHAR-127021  
49-052023-22518-5  
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		SGST	
												%	Amount	%	Amount
1.	RENOCEL INJ. 4000 IU	30021500	PFS	11020163	02/25	1760.00	500	160.00	80000.00	0.00	80000.00	6.0	4800.00	6.0	4,800.00
									500	80000.00	80000.00	4800.00	4800.00		

Stock/No. of Boxes Received ..... 3 .....  
Subject to Physical Check  
Name/Employee Code ..... Summy ..... DC02434  
Centre Name ..... Civil Bhiwani  
Date/Time ..... 17/05/23 ..... 4:57 Pm  
Signature ..... Summy ..... M. No. 9729035769

No of Items : 1

GST SUMMARY : 80000.00 X 12 % = 9600.00 ,

Gross Total	80000.00
Add: SGST	4800.00
Add: CGST	4800.00
Total GST	9600.00
Round Off	0.00
Inv. Amt. R/Off	89600.00

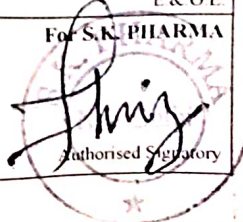
Rupees: Eighty Nine Thousand Six Hundred Only

**Terms & Conditions :-**

All disputes are subject to Delhi Jurisdiction.  
BREAKAGE & EXPIRY GOODS NOT BE TAKEN BACK OR RETURN

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

(Computer Generated Invoice)

E & O.E.  
For S.K. PHARMA  
  
Authorised Signatory