

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate 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/2022-23/941  
 Date of Invoice : 22-12-2022  
 Place of Supply : Haryana (06)  
 GR/RR No. :  
 PO NO. : 21057-1

Transport : N/A  
 Vehicle No. :  
 Station : PANIPAT  
 E-Way Bill No. :  
 PO DATE : 09-12-2022

**Billed to :**

DCDC PREM HOSPITAL PANIPAT  
 PREM HOSPITAL, LHDM & DR PREM HSOPITAL  
 BISHAN SARUP COLONY OPP. BUS STAND  
 PANIPAT HARYANA-132103

**Shipped to :**

DCDC PREM HOSPITAL PANIPAT  
 PREM HOSPITAL, LHDM & DR PREM HSOPITAL  
 BISHAN SARUP COLONY OPP. BUS STAND  
 PANIPAT HARYANA-132103

Party Mobile No : 8506000689  
 GSTIN / UIN :  
 D.L. No. :

Party Mobile No : 9671899298  
 GSTIN / UIN :  
 D.L. No. :

PREM PANIPAT

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	2	0		NEEDLE CUTTER 3LTR	9018			0.00	2,300.00	0.00%	12%	5,152.00

DCDCHSPL CENTRE-PREM HOSPITAL, PANIPAT  
**MATERIAL RECEIVED**

DATE: 22/12/22

TIME: 2:30 PM RECEIVED BY: [Signature]

Total 5,152.00

2.00 0.00

Grand Total ₹ 5,152.00

**Tax Rate** Taxable Amt. IGST Amt. Total Tax  
 12% 4,600.000 552.000 552.000

Rupees Five Thousand One Hundred Fifty Two Only

Bank Details : UJJIVAN SMALL FINANCE BANK,, A/c : 2207120040000335; IFSC - UJVN0002207

**Terms & Conditions**

E.&amp; O.E.

1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorised Signatory

