

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/24-25/759
 Date of Invoice : 15-07-2024
 Place of Supply : Uttar Pradesh (09)
 GR/IR No. :
 PO NO. : 26745

Transport : DELHIVERY PRIVATE LIMITED
 Vehicle No. :
 Station : LAKHIMPUR KHIRI
 E-Way Bill No. : 761443353185
 PO DATE : 04-07-2024

Billed to :

DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
 DISTRICT HOSPITAL , LAKHIMPUR KHIRI,
 NEAR T.W WARD HOSPITAL ROAD , POLICE
 LINE , LAKHIMPUR , UTTAR PRADESH-262701

Party Mobile No : 8447444344
 GSTIN / UIN :
 D.L. No. :

Shipped to :

DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
 DIALYSIS UNIT, DISTRICT HOSPITAL
 NEAR T.B WARD HOSPITAL , POLICE LONES
 LAKHIMPUR KHIRI, UTTAR PRADESH - 262701

Party Mobile No : 7309340559
 GSTIN / UIN :
 D.L. No. :

LAKHIPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
✓ 1	2	0	1*50	HBSAG CARD TEST 50TEST FASTVU	30029090	Ohbs-01240	Feb-2026	0.00	550.00	0.00%	5%	1,155.00
✓ 2	2	0	1*50	HCV CARD TEST 50TEST FAST VUE	30029090	OHCV-01240	Feb-2026	0.00	2,650.00	0.00%	5%	5,565.00
✓ 3	2	0	1*50	HIV 1/2 CARD TEST 50TEST FAST	30029090	Ohiv-01240	Feb-2026	0.00	2,600.00	0.00%	5%	5,460.00

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code
 Centre Name Lakhimpur
 Date/Time 18/7/24, 09:00pm
 Signature M. No. 7309340559

Total 12,180.00

6.00 0.00

Grand Total ₹ 12,180.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	11,600.000	580.000	580.000

Rupees Twelve Thousand One Hundred Eighty Only

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

Terms & Conditions

L. & U.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