

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/24-25/933
 Date of Invoice : 08-08-2024
 Place of Supply : Telangana (36)
 GR/RR No. :
 PO NO. : 26860

Transport Vehicle No. : N/A
 Station :
 E-Way Bill No. :
 PO DATE : 05-08-2024

Billed to :
 DCDC GOVT. HOSPITAL ZAFFERGHAD
 DIALYSIS UNIT, PHC GOVT. HOSPITAL ZAFFER

Shipped to :
 DCDC GOVT. HOSPITAL ZAFFERGHAD
 DIALYSIS UNIT, GOVERNMENT HOSPITAL
 DIST - JANGAON , ZAFFERGHAD
 TELANGANA - 506316

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

Party Mobile No : 7013450233
 GSTIN / UIN :
 D.L. No. :

WP

ZAFFAERGHAD

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	200	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
2	200	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
3	300	0		BUFFANT CAP	62103090			0.00	0.90	0.00%	5%	233.50
4	50	0		EXAM GLOVES (M)	40151200			0.00	230.00	0.00%	12%	12,880.00
5	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,575.30

Stock/No. of Boxes Received 2
 Subject to Physical Check
 Name/Employee Code M. Pravalika
 Centre Name : Zafferghad
 Date/Time 21/08/2024
 Signature *Poy* M. No. 7013450233

Total 17,874.80
 0.20

Add : Rounded Off (+)

750.00 0.00

Grand Total ₹ 17,875.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	14,300.000	1,716.000	1,716.000
5%	270.000	13.500	13.500
18%	1,335.000	240.300	240.300
Total	15,905.000	1,969.800	1,969.800

Rupees Seventeen Thousand Eight Hundred Seventy 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