

Backend entry

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/24-25/170
Date of Invoice : 19-04-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 25342

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 18-04-2024

Billed to :
DCDC GOVT. AREA HSOPITAL KOTHAGUEM
GOVT. AREA HOSPITAL, GAJULARAJAM BHASTHI

Shipped to :
DCDC GOVT. AREA HSOPITAL KOTHAGUEM
DIALYSIS UNIT , GOVERNMENT HOSPITAL
GAJULARAJAM BHASTHI, BAJAMANDIR ROAD
BHADRADARI KOTHAGUEM
TELANGANA - 507101

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

Party Mobile No : 8317544638
GSTIN / UIN :
D.L. No. :

KOTHAGUEM

Table with 12 columns: S.N., Qty, Free, Pack, Products Name, HSN, Batch No., Exp., MRP, Rate, Dis. %, GST %, Amount. Contains two rows of product data: FITSULA ON-KIT and FREIGHT CHARGES.

Total 3,985.60

Add : Rounded Off (+)

0.40

400.00 0.00

Grand Total

3,986.00

Summary table with columns: Tax Rate, Taxable Amt., IGST Amt., Total Tax. Rows for 12% and 18% rates, and a Total row.

Rupees Three Thousand Nine Hundred Eighty Six Only

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

Terms & Conditions

- E.& 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