

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/24-25/1494
 Date of Invoice : 11-10-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 28023

Transport : N/A
 Vehicle No. :
 Station : AURAIYA
 E-Way Bill No. :
 PO DATE : 04-10-2024

Billed to :

DCDC DISTRICT HOSPITAL AURAIYA
 DIALYSIS UNIT, DISTRICT HOSPITAL KAKOR R

Shipped to :

DCDC DISTRICT HOSPITAL AURAIYA
 DIALYSIS UNIT , DISTRICT HOSPITAL
 KAKOR ROAD , CHICHOLI VILLAGE
 AURAIYA , UTTAR PRADESH - 206122

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

Party Mobile No : 8083243140
 GSTIN / UIN :
 D.L. No. :

AURAIYA

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

Stock/No. of Boxes Receivedok.....
 Subject to Physical Check ok
 Name/Employee Codepharmindran
 Centre NameD.H. Auraiya
 Date/Time21/10/24
 Signature M. No. 8083243140

Total 3,136.00

400.00 0.00

Grand Total 3,136.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	2,800.000	336.000	336.000

Rupees Three Thousand One Hundred Thirty Six 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