

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/24-25/830
 Date of Invoice : 19-07-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 26796-1

Transport : N/A
 Vehicle No. :
 Station : MATHURA
 E-Way Bill No. :
 PO DATE : 18-07-2024

Billed to :
 DCDC DISTRICT HOSPITAL MATHURA
 DISTRICT HOSPITAL , CIVIL LINES
 CHAUBEY PARA , MATHURA

Shipped to :
 DCDC DISTRICT HOSPITAL MATHURA
 DIALYSIS UNIT , MAHARISHI DAYANAND
 DISTRICT HOSPITAL , CIVIL LINES
 MATHURA, UTTAR PRADESH - 281001

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

Party Mobile No : 9837867021
 GSTIN / UIN :
 D.L. No. :

MATHURA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,000	0		IV SET-ECO	9018	REM54115.	Jan-2027	0.00	6.50	0.00%	12%	7,280.00
2	36	0		MICROPORE 2"	30059060	2404002	Mar-2027	0.00	46.60	0.00%	12%	1,878.91
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,085.60

Stock/No. of Boxes Received 1 Box
 Subject to Physical Check yes
 Name/Employee Code Rajan D.C. 8204
 Centre Name DHU Mathura
 Date/Time 24/07/24
 Signature [Signature] M. No. 9837867021

Total 10,244.51
 Add : Rounded Off (+) 0.49

1,036.00 0.00

Grand Total ₹ 10,245.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	8,177.600	981.312	981.312
18%	920.000	165.600	165.600
Total	9,097.600	1,146.912	1,146.912

Rupees Ten Thousand Two Hundred Forty 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