

DELIVERY

7AAPP6291A1ZR

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/24-25/1438
 Date of Invoice : 08-10-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 27853

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

Billed to :
 DCDC TALUKA HOSPITAL RAIBAGH
 DIALYSIS UNIT, TALUKA GENERAL HOSPITAL N

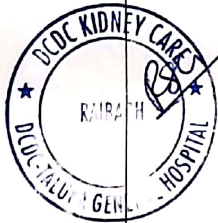
Shipped to :
 DCDC TALUKA HOSPITAL RAIBAGH
 DIALYSIS UNIT, TALUKA HOSPITAL
 NEAR AMBEDKAR CIRCLE, DIST - BELAGAVI
 RAIBAGH , KARNATAKA - 591317

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

Party Mobile No : 9900977141
 GSTIN / UIN :
 D.L. No. :

RAIBAGH

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	50	0		CATHERIZATION ON KIT	30059090			0.00	28.00	0.00%	12%	1,568.00
2	50	0		INJ PANTAPROZOLE 40MG	30049039	2.4GG04L	Jun-2026	0.00	14.30	0.00%	12%	800.80
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,191.80



Total 3,560.60

Add : Rounded Off (+)

0.40

100.00 0.00

Grand Total ₹ 3,561.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	2,115.000	253.800	253.800
18%	1,010.000	181.800	181.800
Total	3,125.000	435.600	435.600

Rupees Three Thousand Five Hundred Sixty One Only

Stock/No. of Boxes Received 02
 Subject to Physical Check
 Name/Employee Code Raziya Shaikh.
 Centre Name G.H. Raibagh
 Date/Time 16.10.2024 at 4:00 pm
 Signature Pen M. No. 901919133

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



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