

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/24-25/1619  
 Date of Invoice : 22-10-2024  
 Place of Supply : Telangana (36)  
 GR/RR No. :  
 PO NO. : 27832

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

**Billed to :**  
 DCDC GOVT. GENERAL HOSPITAL GODAVARIKHAN  
 DIALYSIS UNIT, GOVT. GENERAL HOSPITAL GO

**Shipped to :**  
 DCDC GOVT. GENERAL HOSPITAL GODAVARIKHAN  
 DIALYSIS UNIT, GOVERNMENT HOSPITAL  
 DIST - PEDDAPALLI , GODAVARIKHANI  
 TELANGANA - 505209

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

Party Mobile No : 8500175310  
 GSTIN / UIN :  
 D.L. No. :

GODAVARIKHANI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	20	0	1*50	HMD 10ML SYRING	90183100	442102JC2	Sep-2029	0.00	247.50	0.00%	12%	5,544.00
2	--	--	--	FREIGHT CHARGES	996812			0.00	--	0.00%	18%	973.50

Stock/No. of Boxes Received ..... 1 (20x)  
 Subject to Physical Check  
 Name/Employee Code ..... Ravinder  
 Centre Name : Godavarikhani  
 Date/Time ..... 28.10.24  
 Signature ..... Ravinder M. No. 8500175310

Total 6,517.50

0.50

Add : Rounded Off (+)

20.00 0.00

Grand Total ₹ 6,518.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	4,950.000	594.000	594.000
18%	825.000	148.500	148.500
<b>Total</b>	<b>5,775.000</b>	<b>742.500</b>	<b>742.500</b>

Rupees Six Thousand Five Hundred Eighteen Only

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

Terms &amp; 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  
 DELHI