

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/24-25/1152
 Date of Invoice : 07-09-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 27305

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 04-09-2024

Billed to :
 DCDC LOKPRIYA HOSPITAL MODI NAGAR
 3RD FLOOR, LOKPRIYA HOSPITAL, NEAR AMBE

Shipped to :
 DCDC LOKPRIYA HOSPITAL MODI NAGAR
 DIALYSIS UNIT, LOKPRIYA HOSPITAL
 3RD FLOOR, NEAR AMBER CINEMA
 MODI NAGAR, UTTAR PRADESH - 201204

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

Party Mobile No : 7217599274
 GSTIN / UIN :
 D.L. No. :

MODI NAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	300	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	2,352.00
2	200	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
3	50	0		EXAM GLOVES (M)	40151200			0.00	230.00	0.00%	12%	12,880.00
4	50	0		Povinz M/B Powder	30049087	N0140563	Jan-2027	45.00	15.00	0.00%	12%	840.00
5	4	0		SHARP CONTAINER PLASTIC 3LTR	90183990			0.00	150.00	0.00%	12%	672.00
6	15	0		G PLAST	90189099	2403BD0	Feb-2029	0.00	68.00	0.00%	12%	1,142.40
7	300	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	472.50
8	50	0		INJ PANTAPROZOLE 40MG	30049039	24gg04l	Jun-2026	0.00	14.30	0.00%	12%	800.80
9	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,758.20

Total 22,485.90

Add : Rounded Off (+)

0.10

969.00 0.00

Grand Total ₹ 22,486.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	18,085.000	2,170.200	2,170.200
5%	450.000	22.500	22.500
18%	1,490.000	268.200	268.200
Total	20,025.000	2,460.900	2,460.900

Rupees Twenty Two Thousand Four Hundred Eighty 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

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
 M. No.