

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/24-25/1348
 Date of Invoice : 19-09-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 27592-1

Transport : N/A
 Vehicle No. :
 Station : ALIGARH
 E-Way Bill No. :
 PO DATE : 13.09.2024

Billed to :
 DCDC NARAYANI HOSPITAL ALIGARH
 DIALYSIS UNIT, NARAYANI HOSPITAL
 NEAR ATRAULI BUS STAND, GULZAR NAGAR
 ALIGARH , UTTAR PRADESH - 202001

Shipped to :
 DCDC NARAYANI HOSPITAL ALIGARH
 DIALYSIS UNIT, NARAYANI HOSPITAL
 NEAR ATRAULI BUS STAND, GULZAR NAGAR
 ALIGARH , UTTAR PRADESH - 202001

Party Mobile No : 7253990299
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 8218287371
 GSTIN / UIN :
 D.L. No. :

ALIGARH

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	1	0		SYNTHETIC COVER FOR TROLLY	42029900			0.00	1,280.00	0.00%	12%	1,433.60
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	295.00

Total 1,728.60

Add : Rounded Off (+)

0.40

1.00 0.00

Grand Total 1,729.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,280.000	153.600	153.600
18%	250.000	45.000	45.000
Total	1,530.000	198.600	198.600

Rupees One Thousand Seven Hundred Twenty Nine Only

Subject to Physical Check *1 box Done*
 Name/Employee Code *Munesh (Dco.3718)*
 Centre Name *Aligarh*
 Date/Time *19-09-2024*
 Signature *Munesh* M. No. *8218287371*

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