

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

1 Box

Invoice No. : AP/24-25/1711
 Date of Invoice : 25-10-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 27866

Transport : N/A
 Vehicle No. :
 Station : NIDAGUNDI
 E-Way Bill No. :
 PO DATE : 22-10-2024

Billed to :
 DCDC TALUKA HOSPITAL NIDAGUNDI
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - VIJAYAPURA , NIDAGUNDI
 KARNATAKA - 586213

Shipped to :
 DCDC TALUKA HOSPITAL NIDAGUNDI
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST - VIJAYAPURA , NIDAGUNDI
 KARNATAKA - 586213

Party Mobile No : 7406820897
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 7406820897
 GSTIN / UIN :
 D.L. No. :

NIDAGUNDI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		FITSULA NEEDLE 16G	901839	24100401	Sep-2027	0.00	11.00	0.00%	12%	6,160.00
2	500	0		FITSULA NEEDLE 17G	90183290	24100303	Sep-2027	0.00	11.00	0.00%	12%	6,160.00
3	-	-		FREIGHT CHARGES	996812			0.00	-	0.00%	18%	1,209.50
											Total	13,529.50



Add : Rounded Off (+)

Grand Total ₹ 13,530.00

1,000.00 0.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	11,000.000	1,320.000	1,320.000
18%	1,025.000	184.500	184.500
Total	12,025.000	1,504.500	1,504.500

Rupees Thirteen Thousand Five Hundred Thirty Only

Stock/No. of Boxes Received 01
 Subject to Physical Check R.N. Mehta
 Name/Employee Code NIDAGUNDI
 Centre Name NIDAGUNDI
 Date/Time 25-10-2024
 Signature R.N. Mehta

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
 Auth. Sign.
 Authorised Signatory

Stock/No. of Boxes Received

Subject to Physical Check

Name/Employee Code

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