

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate 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/24-25/167
 Date of Invoice : 19-04-2024
 Place of Supply : Telangana (36)
 GR/RR No. :
 PO NO. : 25772

Transport : N/A
 Vehicle No. :
 Station : HYDERABAD
 E-Way Bill No. :
 PO DATE : 12-04-2024

Billed to :
 CDCG GANDHI HOSPITAL SECUNDRABAD
 GANDHI HOSPITAL , BHOIGUDA MUSHEERABAD D

Shipped to :
 CDCG GANDHI HOSPITAL SECUNDRABAD
 DIALYSIS UNIT, GANDHI HOSPITAL
 BHOIGUDA MUSHEERABAD , HYDERABAD
 TELANGANA - 500020

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

Party Mobile No : 7793985614
 GSTIN / UIN :
 D.L. No. :

GANDHI HOSPITAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	3,000	0		NON WOVEN BED SHEET	6307			0.00	13.00	0.00%	5%	40,950.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	7,316.00

Boxes Received 11
 Physical Check
 Employee Code : M. Suman / DC02882
 Centre Name : Gandhi
 Date/Time : 24-4-2024
 Signature : [Signature] M. No. : [Blank]



Total 48,266.00

3,000.00 0.00

Grand Total ₹ 48,266.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	39,000.000	1,950.000	1,950.000
18%	6,200.000	1,116.000	1,116.000
Total	45,200.000	3,066.000	3,066.000

Rupees Forty Eight Thousand Two Hundred Sixty Six Only

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

Terms & Conditions

Receiver's Signature :

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.

For Anil Pharma

Authorised Signatory

