

30320601

# Anil Pharma

C-58, Rajan Babu Road, Adarsh Nagar, Delhi-110033  
 Tel : 011-41897131 email : anilpharma1897@gmail.com  
 Drug Licence No. : 208-137393, 118-137394

Invoice No. : AP/24-25/361  
 Date of Invoice : 21-05-2024  
 Place of Supply : Karnataka (29)  
 GR/RR No. :  
 PO NO. : 26194

Transport Vehicle No. : N/A  
 Station :  
 E-Way Bill No. :  
 PO DATE : 13.05.2024

**Billed to :**  
 DCDC TALUKA HOSPITAL SAVANUR  
 DIALYSIS UNIT, TALUKA HOSPITAL LAKSHAR B

**Shipped to** ✓  
 DCDC TALUKA HOSPITAL SAVANUR  
 DIALYSIS UNIT, TALUKA HOSPITAL  
 LAKSHAR BAZAAR, SAVANUR  
 KARNATKA - 581118

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

Party Mobile No : 9113647411  
 GSTIN / UIN :  
 D.L. No. :

SAVANUR

S.N.	Qty.	Unit	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount ( )
1	50		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	12,880.00
2			FREIGHT CHARGES	996812			0.00		0.00%	18%	1,528.10

**Total** 14,408.10

Less : Rounded Off (-)

50.00 0.00

**Grand Total** 14,408.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	11,500.000	1,380.000	1,380.000
18%	1,295.000	233.100	233.100
<b>Total</b>	<b>12,795.000</b>	<b>1,613.100</b>	<b>1,613.100</b>

**Rupees Fourteen Thousand Four Hundred Eight Only**

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

**Terms & Conditions**

& O.F.  
 Goods once sold will not be taken back.  
 Interest @ 18% p.a. will be charged if the payment 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 ..... 02 Box  
 Subject to Physical Check  
 Name/Employee Code ..... Vidya S.M  
 Centre Name ..... Savanur D. Unit  
 Date/Time ..... 21/05/24  
 Signature ..... [Signature] M. No. ....