

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/24-25/1116
 Date of Invoice : 24-08-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 26976

Transport : N/A
 Vehicle No. :
 Station : AMBEDKAR NAGAR
 E-Way Bill No. :
 PO DATE : 05-08-2024

Billed to :
 DCDC COMBINED HOSPITAL AMBEDKAR NAGAR
 COMBINED HOSPITAL
 AKBARPUR , AMBEDKAR NAGAR
 UTTAR PRADESH-224122

Shipped to :
 DCDC COMBINED HOSPITAL AMBEDKAR NAGAR
 DIALYSIS UNIT, COMBINED HOSPITAL
 AKBARPUR , AMBEDKAR NAGAR
 UTTAR PRADESH - 224122

Party Mobile No : 8506049007
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 8931807697
 GSTIN / UIN :
 D.L. No. :

AMBEDKAR NAGAR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	2	0		Povinz Sol 5% 2 Ltr	300490S7	N0140712	Jun-2026	800.00	390.00	0.00%	12%	873.60
2	--	--		FREIGHT CHARGES	996S12			0.00	--	0.00%	18%	295.00

Total 1,168.60

Add : Rounded Off (+)

0.40

2.00 0.00

Grand Total 1,169.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	780.000	93.600	93.600
18%	250.000	45.000	45.000
Total	1,030.000	138.600	138.600

Rupees One Thousand One Hundred Sixty Nine Only

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 :

Stock/No. of Boxes Received
 Subject to Physical Check
 Employee Code
 Date: 30/8/24
 Signature: [Handwritten Signature]
 DCDC 3100
 Anil Pharma
 095100 26 07

For Anil Pharma

Authorised Signatory