

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/24-25/077	Transport : BY HAND
Date of Invoice : 10-04-2024	Vehicle No. : DL01LT8750
Place of Supply : Uttar Pradesh (09)	Station : GHAZIABAD
GR/RR No. :	E-Way Bill No. : 721419682587
PO NO. : 25891	PO DATE : 05-04-2024

**Billed to :**  
 DCDC CIVIL HOSPITAL GHAZIABAD  
 DISTRICT COMBINED HOSPITAL,  
 SECTOR 23, GHAZIABAD-201001

Party Mobile No : 8506002727  
 GSTIN / UIN :  
 D.L. No. :

**Shipped to :**  
 DCDC CIVIL HOSPITAL GHAZIABAD  
 DISTRICT COMBINED HOSPITAL,  
 SECTOR 23, GHAZIABAD-201001

Party Mobile No : 8506002727  
 GSTIN / UIN :  
 D.L. No. :

GHAZIABAD

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		BUFFANT CAP	6210			0.00	0.90	0.00%	5%	472.50

Stock/No. of Boxes Received ..... 13  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time ..... 10/04/24 2:50 PM  
 Signature ..... M. No. 952822860

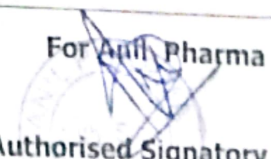
Add : Rounded Off (+)											Total	472.50	
												0.50	
500.00	0.00											Grand Total	₹ 473.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
5%	450.000	22.500	22.500

**Rupees Four Hundred Seventy Three 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 :  
  
**For Anil Pharma**  
**Authorised Signatory**