

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/24-25/1076	Transport : N/A
Date of Invoice : 24-08-2024	Vehicle No. :
Place of Supply : Karnataka (29)	Station :
GR/RR No. :	E-Way Bill No. :
PO NO. : 27151	PO DATE : 09-08-2024
<b>Billed to :</b> DCDC TALUKA HOSPITAL CHADCHAN DIALYSIS UNIT, TALUKA HOSPITAL DIST - VIJAYAPURA , CHADCHAN KARNATKA - 586205	<b>Shipped to :</b> DCDC TALUKA HOSPITAL CHADCHAN DIALYSIS UNIT, TALUKA HOSPITAL DIST - VIJAYAPURA , CHADCHAN KARNATKA - 586205
Party Mobile No : 7406820897	Party Mobile No : 7406820897
GSTIN / UIN :	GSTIN / UIN :
D.L. No. :	D.L. No. :

CHADCHAN

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount( ` )
1	1	0		SYNTHETIC COVER FOR TROLLY	42029900			0.00	1,280.00	0.00%	12%	1,433.60
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	306.80

Total 1,740.40

Less : Rounded Off (-)

0.40

1.00 0.00

Grand Total

1,740.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,280.000	153.600	153.600
18%	260.000	46.800	46.800
<b>Total</b>	<b>1,540.000</b>	<b>200.400</b>	<b>200.400</b>

Rupees One Thousand Seven Hundred Forty Only

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

## Terms &amp; Conditions

E.&amp; 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



Stock/No. of Boxes Received 01  
 Subject to Physical Check  
 Name/Employee Code R.K. K...  
 Centre Name CHADCHAN  
 Date/Time 02/09/24  
 Signature [Signature] M. No 990066752

