

GSTIN : 7AAPP6291A1ZR

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/24-25/1682  
 Date of Invoice : 23-10-2024  
 Place of Supply : Haryana (06)  
 GR/RR No. :  
 PO NO. : 27829

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 04-10-2024

**Billed to :**  
 DCDC CIVIL HOSPITAL FATEHABAD  
 DIALYSIS UNIT , GROUND FLOOR ,  
 NEAR BUS STAND , MODEL TOWN  
 FATEHABAD HARYANA-125050

**Shipped to :**  
 DCDC CIVIL HOSPITAL FATEHABAD  
 DIALYSIS UNIT, CIVIL HOSPITAL  
 GROUND FLOOR, NEAR BUS STAND, MODEL TOWN  
 FATEHABAD , HARYANA - 125050

Party Mobile No : 8506005588  
 GSTIN / UIN :  
 D.L. No. :

Party Mobile No : 7027052450  
 GSTIN / UIN :  
 D.L. No. :

FATEHABAD

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	300	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	2,352.00
2	5	0		DL KIT STRAIGHT	90183930			0.00	790.00	0.00%	12%	4,424.00
3	5	0		HDC DL KIT CURVED	90183930			0.00	790.00	0.00%	12%	4,424.00
4	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	649.00
											<b>Total</b>	<b>11,849.00</b>

Stock/No. of Boxes Received 1  
 Subject to Physical Check   
 Name/Employee Code Disha 3396  
 Centre Name Ch. Fatehabad  
 Date/Time 09-11-24 11:00 AM  
 Signature [Signature] M. No. 89290-67527

**Grand Total ₹ 11,849.00**

310.00 0.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	10,000.000	1,200.000	1,200.000
18%	550.000	99.000	99.000
<b>Total</b>	<b>10,550.000</b>	<b>1,299.000</b>	<b>1,299.000</b>

**Rupees Eleven Thousand Eight Hundred Forty Nine Only**

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

Terms &amp; Conditions

E.&amp; 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.

Receiver's Signature :

**For Anil Pharma**  
  
**Authorised Signatory**