

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. : 208-137393, 21B-137394

Invoice No. : AP/24-25/076  
 Date of Invoice : 10-04-2024  
 Place of Supply : Uttar Pradesh (09)  
 GR/RR No. :  
 PO NO. : 25908

Transport : BY HAND  
 Vehicle No. : DL01LT8750  
 Station : GHAZIABAD  
 E-Way Bill No. : 781419682431  
 PO DATE : 05.04.2024

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

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

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

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	100	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	25,760.00

Stock/No. of Boxes Received ..... 13  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time ..... 11.04.24  
 Signature ..... M. No. 252860

Total 25,760.00

100.00 0.00

Grand Total ₹ 25,760.00

Tax Rate Taxable Amt. IGST Amt. Total Tax  
 12% 23,000.000 2,760.000 2,760.000

Rupees Twenty Five Thousand Seven Hundred Sixty 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